# DISBURSEMENT REQUEST

**SPECIAL APPROPRIATIONS PROGRAM (SAP)**

<table>
<thead>
<tr>
<th>A. NAME OF ENTITY</th>
<th>B. PROJECT NUMBER</th>
<th>C. DISBURSEMENT REQUEST NUMBER</th>
<th>D. GRANT AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PREVIOUS EXPENDITURES</th>
<th>CURRENT EXPENDITURES</th>
<th>CUMULATIVE</th>
<th>FUNDS REMAINING</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Administrative Expenses</th>
<th>$ xxxxxxxxxx</th>
<th>Other Funds</th>
<th>$ xxxxxxxxxx</th>
<th>Cumulative</th>
<th>Other Funds</th>
<th>Funds Remaining</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engineer Fees</td>
<td>$ -</td>
<td>Other Funds</td>
<td>$ -</td>
<td>Cumulative</td>
<td>Other Funds</td>
<td>Funds Remaining</td>
</tr>
<tr>
<td>Other Professional Fees</td>
<td>$ -</td>
<td>Other Funds</td>
<td>$ -</td>
<td>Cumulative</td>
<td>Other Funds</td>
<td>Funds Remaining</td>
</tr>
<tr>
<td>Service Fees</td>
<td>$ -</td>
<td>Other Funds</td>
<td>$ -</td>
<td>Cumulative</td>
<td>Other Funds</td>
<td>Funds Remaining</td>
</tr>
<tr>
<td>Inspection Fees</td>
<td>$ -</td>
<td>Other Funds</td>
<td>$ -</td>
<td>Cumulative</td>
<td>Other Funds</td>
<td>Funds Remaining</td>
</tr>
<tr>
<td>Property Acquisition</td>
<td>$ -</td>
<td>Other Funds</td>
<td>$ -</td>
<td>Cumulative</td>
<td>Other Funds</td>
<td>Funds Remaining</td>
</tr>
<tr>
<td>Construction Cost</td>
<td>$ -</td>
<td>Other Funds</td>
<td>$ -</td>
<td>Cumulative</td>
<td>Other Funds</td>
<td>Funds Remaining</td>
</tr>
<tr>
<td>Planning Cost</td>
<td>$ -</td>
<td>Other Funds</td>
<td>$ -</td>
<td>Cumulative</td>
<td>Other Funds</td>
<td>Funds Remaining</td>
</tr>
<tr>
<td>Equipment</td>
<td>$ -</td>
<td>Other Funds</td>
<td>$ -</td>
<td>Cumulative</td>
<td>Other Funds</td>
<td>Funds Remaining</td>
</tr>
<tr>
<td>Other Costs (specify)</td>
<td>$ -</td>
<td>Other Funds</td>
<td>$ -</td>
<td>Cumulative</td>
<td>Other Funds</td>
<td>Funds Remaining</td>
</tr>
<tr>
<td>Contingencies</td>
<td>$ -</td>
<td>Other Funds</td>
<td>$ -</td>
<td>Cumulative</td>
<td>Other Funds</td>
<td>Funds Remaining</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>$ -</td>
<td>Other Funds</td>
<td>$ -</td>
<td>Cumulative</td>
<td>Other Funds</td>
<td>Funds Remaining</td>
</tr>
</tbody>
</table>

**Certification:** Under penalty of law, I certify that all the above expenditures are true and correct and are for appropriate purposes in accordance with the terms and conditions of the pertinent Loan/Grant Agreement; that all of the above expenses are properly documented, and are actual invoices; that payment has not been received; and that the grant activity is in full compliance with Article IX, Sec. 14 of the New Mexico Constitution known as the "anti-donation" clause.

Signature of Authorized Official: __________________________
Typed or Printed Name: __________________________
Phone: __________________________
Date: __________________________

SWORN TO AND SUBSCRIBED before me on this _______ day of ____________, 20____.

Notary Public __________________________
My Commission expires __________________________
NEW MEXICO ENVIRONMENT DEPARTMENT
CONSTRUCTION PROGRAMS BUREAU

INSTRUCTIONS FOR (SAP)
DISBURSEMENT REQUEST

1. **NAME OF ENTITY**
The name of the entity on the loan or grant agreement documents.

2. **PROJECT NUMBER**
Available from the loan or grant agreement.

3. **DISBURSEMENT REQUEST NUMBER**
The number of the pay request. (Self Explanatory)

4. **GRANT AMOUNT**
The approved budget amount of the Grant. Expenditures should be listed by category i.e. engineering, construction, etc.

5. **NMED PROGRAM (Previous Expenditures)**
The first disbursement request will be zero. After the first disbursement request, the “PREVIOUS EXPENDITURES” column should reflect the “Cumulative Expenditures” figures from the previous disbursement request. (Example: “Previous Expenditures” in disbursement request number four should be identical to “Cumulative Expenditures” in disbursement request number three.)

6. **OTHER FUNDS (Previous Expenditures) (Optional)**
Report expenditures for other funds.

7. **NMED PROGRAM (Current expenditures)**
You must reflect the dollar amount you are requesting payment for on this disbursement request.

8. **OTHER FUNDS (Current expenditures) (Optional)**
Same as Number 6, except report current expenditures from other funds.

9. **NMED PROGRAM (Cumulative)**
Add the “Previous Expenditures” column and the “Current Expenditures” column and reflect the sum in this column.

10. **OTHER FUNDS (Cumulative) (Optional)**
Same as Number 8, except report other funds cumulative.

11. **NMED PROGRAM (Funds Remaining)**
The Grant Amount Less the Cumulative.

12. **OTHER FUNDS (Funds Remaining) (Optional)**
Report other funds remaining.

13. **SIGNATURE OF AUTHORIZED OFFICIAL**
The person signing must be an authorized representative who has been designated by resolution of the governing body as the signatory authority for this project.

14. **TYPED OR PRINTED NAME**
The typed or legibly printed name of the authorized Signatory Authority who signed the disbursement request.

15. **PHONE**
Enter authorized Signatory Authority’s phone number.

16. **DATE**
Date disbursement request is signed.

17. **NOTARY PUBLIC**
Disbursement must be notarized.