

**NEW MEXICO ENVIRONMENT DEPARTMENT
CONSTRUCTION PROGRAMS BUREAU**

**INSTRUCTIONS FOR
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. **PROGRAM NAME**
Check one only pertaining to the project in which you are requesting a disbursement.
5. **NMED PROGRAM (Budget)**
These figures are identical to those on the approved budget form submitted with the loan or grant agreement documents. If budget changes are necessary, please submit a budget amendment request well in advance, but **do not** reflect the changes until the amended budget is approved by the project manager assigned to your project.
6. **OTHER FUNDS (Budget)**
If other funds are being used in order to complete this project, please complete this column.
7. **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 first disbursement request. (Example: "Previous Expenditures" in disbursement request number four should be identical to "Cumulative Expenditures" in disbursement request number three.)
8. **OTHER FUNDS (Previous Expenditures)**
Same as Number 7 above, except report expenditures for other funds.
9. **NMED PROGRAM (Current expenditures)**
You must reflect the dollar amount you are requesting payment for on this disbursement request.
10. **OTHER FUNDS (Current expenditures)**
Same as Number 9, except report current expenditures from other funds.
11. **NMED PROGRAM (Cumulative)**
Add the "Previous Expenditures" column and the "Current Expenditures" column and

reflect the sum in this column.

12. OTHER FUNDS (Cumulative)

Same as Number 11, except report other funds cumulative.

13. SIGNATURE OF AUTHORIZED OFFICIAL

The person signing must be an authorized representative who has been designated 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.

IMPORTANT: PLEASE SUBMIT ONE FORM AND THE BACK-UP INVOICES. THE SET *MUST BE ORIGINAL INVOICES OR MUST BE CERTIFIED AS AN ORIGINAL. INCLUDE A SHORT TRANSMITTAL LETTER WITH EACH DISBURSEMENT REQUEST.*