

## REQUEST FOR PAYMENT CHECKLIST

### I. Grantee Information:

- ┆ Grantee Name (I.A)
- ┆ Address (This where the warrant will be mailed) (I.B.)
- ┆ Phone No. (I.C.)
- ┆ Grant No. (I.D.)
- ┆ Project Title (I.E.)
- ┆ Grant Expiration Date (I.F.)

### II. Payment Computation:

- ┆ Payment Request No. (II.A.)
- ┆ Grant Amount (II.B.)
- ┆ AIPP Amount (if applicable) (II.C)
- ┆ Funds Requested to Date (II.D.)
- ┆ Amount Requested this Payment (II.E.)
- ┆ Reversion Amount (If Applicable) (II.F.)
- ┆ Grant Balance (II.G)
- ┆ **GF** (General Fund)  **GOB** (General Obligation Bond)  **STB** (Severance Tax Bond) (II.H.)
- ┆ Final Request for Payment (If Applicable) (II.I.)

### III. Fiscal Year:

- ┆ FY 2024 (July 1, 2024 – June 30, 2025)
  - ┆ Fiscal Year Correct?
- This is the State Fiscal Year not Calendar year.

### IV. Reporting Certification:

- ┆ I hereby certify to the best of my knowledge and belief, that database reporting is up to date; to include the accuracy of expenditures and grant balance, project status, project phase, achievements and milestone; and in compliance with Article VIII of the Capital Outlay Grant Agreement.

### V. Compliance Certification:

- ┆ Under penalty of law, I hereby certify to the best of my knowledge and belief, the above information is correct; expenditures are properly documented and are valid expenditures or actual receipts; and that the grant activity is in full compliance with Artic IX. Sec. 14 of the New Mexico Constitution known as the “anti-donation” clause.

### REQUEST FOR PAYMENT CHECKLIST:

- ┆ Detailed invoice(s) is required as backup to the Request for Payment form. The Request for Payment amount shall not exceed total invoice(s) or grant amount
- ┆ Current copy of Notice of Obligation(s).
- ┆ Include a copy of the front & back cleared check from bank or ACH (bank statement)
- ┆ Attach a copy of Final Report, if this is a final payment.
- ┆ Attach a copy of current CPMS Report
- ┆ Attach a Reversion Letter with the Final Report if there is a remaining balance.

Attach copy of completed checklist with the Request for Payment Form.

\_\_\_\_\_  
Completed by (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date