

**Exhibit D**  
**CYFD**  
**Keeping Families Together**  
**Invoice for Services Rendered**

**New Mexico Human Services Department**  
**Income Support Division**  
**1474 Rodeo Rd.**  
**P. O. Box 2348**  
**Santa Fe, New Mexico 87504-2348**  
**Attn: Joseph Chavez, Program Manager**

Contractor  
Month Ending  
Invoice Date  
Agreement No  
Tax ID No  
Invoice No

**Children, Youth & Families Dept.**

**FOR CONTRACTOR USE ONLY**

**Invoice Amounts**

Requested quarterly transfer for TANF Keeping Families Together

\$
<b>MONTH TOTAL</b>

**Certification**

The undersigned certifies that:

- 1) The amounts invoiced herein are correct and just and that payment therefore has not been received;  
and
- 2) agree with the attached transmittal invoice.

<b>TANF Keeping Families Together</b>	
Fund #	Dept #
Account #	Sub-Account #
Reporting Category :	Operating Unit :
Bud Reference:	Class:
Project Code:	Activity Code:

\_\_\_\_\_  
**Agency's CFO Signature**

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Date

**REMIT PAYMENT TO:**

**Children, Youth & Families Department**  
**Administrative Services Division**  
**PERA, Room 104**  
**P. O. Drawer 5160**  
**Santa Fe, NM 87502**

**CERTIFICATION - FOR HSD USE ONLY**