

**EXHIBIT C**

**ECDCD PreK Program  
Invoice for Services Rendered**

**Early Childhood Education  
Care Department.**

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

Contractor  
Date of  
Service(s)  
Invoice Date  
Agreement No  
Tax ID No  
Invoice No

**FOR CONTRACTOR USE ONLY**

**Invoice Amounts**

Requested monthly reimbursement for TANF Pre-K Services

**\$ -**

**MONTHLY TOTAL**

Business Unit:	
Fund#	Dept#
Account #	Sub-Account #
Reporting Category:	Operating Unit:
Bud Reference:	Class:
Project Code:	Activity Code:

**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.

Agency's CFO Signature \_\_\_\_\_ Phone # \_\_\_\_\_ Date \_\_\_\_\_

**REMIT PAYMENT TO:**

**Early Childhood Education Care Department  
P.O Drawer 5160  
Santa Fe, NM 87502**

**CERTIFICATION - FOR HSD USE ONLY**