

INVOICE - Refugee School Impact (RSIP)

Bill to:

Refugee Coordinator

**Human Services Department
 ISD Work and Family Support Bureau
 NM Refugee Resettlement Program
 P.O. Box 2348
 Santa Fe, NM 87504-2348**

INVOICE DATE
Service Mo/Yr

State Tax ID#	Fed Tax ID#	Contract #

REMIT PAYMENT TO:

Agency Name: _____
 Mailing Address: _____
 Agency Representative/Title _____

DESCRIPTION OF EXPENDITURES - REFUGEE SOCIAL SERVICE PROGRAM

						Total Expenditures
See attached line item detail						
Administrative Costs						
TOTAL EXPENDITURES						-

TOTAL AMOUNT DUE CONTRACTOR

			TOTAL AMT DUE
			-

CONTRACTOR CERTIFICATION & SIGNATURES

I/We hereby certify that the information provided herewith is accurate, acceptable, true and complete and in compliance with respective Federal and State laws, regulations and requirements in accordance with the Contractual Agreement.

Name/Title Agency Official	Signature	Date

Name/Title Agency Official	Signature	Date

CERTIFICATION - FOR HSD USE ONLY