**CAPITAL OUTLAY**

**REQUEST FOR REIMBURSEMENT**

Date:

**SUBMIT TO:**

Public Education Department

Jerry Apodaca Education Building Capital Outlay Bureau

300 Don Gaspar Avenue, Room 121

Santa Fe, New Mexico 87501-2786

School District/Charter School:

Address:

Project Type: [ ]  PSCOC, [ ]  SB-9, [ ]  GOB library, or [ ]  DFA # if applicable

Year of Appropriation or Allocation:

Chapter:       Section:       Paragraph:

Award Amount: $

Amount Drawn to Date: $

Amount to Revert: $

Amount of this draw: $

Balance of Award: $

 [ ]  Reimbursement to School District

 [ ]  Direct Payment to Contractor or Other Entity

I certify to the best of my knowledge that the amount requested above is true and accurate.

None of the obligations for which payment is hereby requested has formed the basis for any payment previously made; and, each of the obligations for which payment is requested is or was necessary or appropriate in connection with the project and is a proper charge against the project account.

I certify that this request complies with the original intent of the project as stated in law and has been expended only for the purpose(s) specified by the approved project plan approval.

If this request is for a reimbursement, I certify that expenditures made by the school district are equal to or greater than the amount of reimbursement for project purposes.

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Authorized Signature Type Name & Title

Prepared By Phone Number