



**CAPITAL OUTLAY APPROPRIATION PROJECT
ACEQUIA BUDGET FORM**



Exhibit A

ACEQUIA NAME: _____
 CONTACT PERSON: _____
 ADDRESS: _____

 PHONE #: _____

APPROPRIATION YEAR: _____
 APPROPRIATION AMOUNT: _____
 APPROPRIATION FUND: GF STB
 DEPARTMENT: _____

PROJECT DESCRIPTION: _____

Preliminary Budget

| Task | Description of Task | Estimated Cost (\$) | Estimated Completion Date |
|------|---------------------|---------------------|---------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Grand Total: _____

ACEQUIA COMMISSION SIGNATURES:

_____ Chairman _____ Treasurer _____ Secretary

NM ISC Acequia Program Use Only:

_____ Acequia Program Representative _____ Date

Interstate Stream Commission
 Acequia Program Manager
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