



**CAPITAL OUTLAY APPROPRIATION PROJECT
ACEQUIA REQUEST FOR REIMBURSEMENT FORM**

Exhibit B



ACEQUIA NAME: _____
 CONTACT PERSON: _____
 ADDRESS: _____
 PHONE #: _____

NM Interstate Stream Commission
 Attn: Acequia Program Manager
 PO Box 25102
 Santa Fe, New Mexico 87504-5102
 PH: 505.827.6160 FAX: 505.827.6188

Payment Request No.: _____

Task	Previous Invoice (\$)	This Invoice (\$)	Total Invoiced (\$)

Total: _____

BY SIGNING BELOW, WE, THE ACEQUIA COMMISSIONERS, CERTIFY THAT THE EXPENDITURES INVOICED ARE FOR VALID, ALLOWABLE COSTS ONLY, AND ARE REPRESENTED BY ACTUAL RECEIPTS:

_____ Chairman _____ Treasurer _____ Secretary

NM ISC Acequia Program Use Only:

_____ Department #: _____
 Acequia Program Representative _____ Fund Type: GF STB
 _____ Date Appropriation Amount: _____
 Balance (after this payment): _____

- Process Payment As Invoiced.
 Process Payment As Noted Below:

Notes: _____