

**STATE OF NEW MEXICO**  
**CAPITAL GRANT PROJECT - 2012 General Obligation Bonds**  
**Request for Payment Form**  
**Exhibit 2**

**I. Grantee Information**

(Make sure information is complete & accurate)

- A. Grantee: \_\_\_\_\_  
 B. Address: \_\_\_\_\_  
Complete Mailing Address, including Suite, if applicable  
 \_\_\_\_\_  
City State Zip  
 C. Phone No: \_\_\_\_\_  
 D. Grant No: \_\_\_\_\_  
 E. Project Title: \_\_\_\_\_  
 F. Grant Expiration Date: \_\_\_\_\_

**II. Payment Computation**

- A. Grant Amount: \_\_\_\_\_  
 B. AIPP Amount (If Applicable) \_\_\_\_\_  
 C. Funds Requested to Date: \_\_\_\_\_  
 D. Amount Requested this Payment: \_\_\_\_\_  
 E. Grant Balance: \_\_\_\_\_  
 F.  GF  GOB  STB (attach wire if 1st draw)  
 G. Payment Request No. \_\_\_\_\_

**III. Fiscal Year Expenditure Period Ending:**  
 (check one)

- (Jan-Jun)  Fiscal  
 (Jul-Dec)  Year

**IV. Certification:** Under penalty of law, I hereby certify to the best of my knowledge and belief, the above information is correct; expenditures are properly documented, and are valid expenditures or actual receipts; and that the grant activity is in full compliance with Article IX, Sec. 14 of the New Mexico Constitution known as the "anti donation" clause.

**Grantee Fiscal Officer  
 or Fiscal Agent (if applicable) Signature**

Printed Name \_\_\_\_\_  
 Date: \_\_\_\_\_

**Grantee Representative Signature**

Printed Name \_\_\_\_\_  
 Date: \_\_\_\_\_

~~SWORN TO AND SUBSCRIBED  
 before me on this \_\_\_\_\_ day  
 of \_\_\_\_\_, 20\_\_\_\_\_~~

SWORN TO AND SUBSCRIBED  
 before me on this \_\_\_\_\_ day  
 of \_\_\_\_\_, 20\_\_\_\_\_

**\*\* NOTARY NOT REQUIRED \*\***

Notary Public \_\_\_\_\_  
 My Commission expires \_\_\_\_\_

Notary Public \_\_\_\_\_  
 My Commission expires \_\_\_\_\_

**(Department Use Only)**

Vendor Code: \_\_\_\_\_  
 Loc No.: \_\_\_\_\_

Fund No.: \_\_\_\_\_

Division Fiscal Officer	Date
I certify that the Grantee financial and vendor file information agree with the above submitted information	

Division Project Manager	Date
I certify that the Grantee records and related appropriation laws agree with the above submitted information.	