

STATE OF NEW MEXICO
PUBLIC EDUCATION DEPARTMENT
ADMINISTRATIVE SERVICES DIVISION
300 DON GASPAR
SANTA FE, NM 87501-2786

Invoice Number: 577-000-2324-27407-0002
Budget Period: 2023-2024
Last 4 of Bank: 8710
P. O. Number:

REQUEST FOR REIMBURSEMENT

Must include an attached summary expenditure report

Entity Name: Raices Del Saber Xinachtli Comm School
Address: 2211 N. Valley Drive
City / State / Zip:: Las Cruces, NM 88007
Contact Name: Terrance Hester
Telephone No: 5755465951
Program: Family Income Index
Funding Code: 27407
Claim Period (s/b equal to Range-to-Date): 1/16/2024 to 6/30/2024
Project Number (Carl Perkins only):
E-Mail (optional): thester@swrecnm.org

REIMBURSEMENT CALCULATION:

\$38,674.53	minus	\$0.00	minus	\$0.00	minus	\$0.00	minus	\$20,778.66	equals	\$17,895.87
YTD Expenditures		Outstanding Claims		Claims in Process		Cash Balance - 06/30		Cash Received to Date		Total Request

NOTES: Adjustments (i.e. Abatements, Voided Checks, Errors, Etc;) Explain Below:

c Fund 27407 for period 01.16.2024-06.30.2024 for allowable expenditures. Fund 27407 for period 01.16.2024-06.30.2024 for allowable expenditures **Entry
Comment: For period 01.16.2024-06.30.2024 for allowable expenditures **PM Approval Comment: Approved RAM **FA Approval Comment: Approved. AM
**SHARE Entry Comment: 00346733 TG **FS Approval Comment: AM-Approved **Warrant Comment: 3001652807 CV

I hereby certify that, to the best of my knowledge and belief, the information contained in this report is correctly stated; the amount claimed as expended was expended according to the provisions and regulations of the project, and that this request for reimbursement is just, correct and actually due according to law.

Terrance Hester
Name and Title of Preparer

ON FILE
Signature

6/30/2024
Date

Terrance Hester
Name and Title of Authorized Administrator

ON FILE
Signature

6/30/2024
Date

PED Approval

FED Approval		Signatures:	Dates:		
Program Signature:	<u>Rachel Steagall</u>	<u>ON FILE</u>	<u>7/1/2024</u>	Reimbursement Amount:	<u>\$17,895.87</u>
Fund Analyst Signature:	<u>Angela Medina</u>	<u>ON FILE</u>	<u>7/1/2024</u>	Voucher Amount:	<u>\$17,895.87</u>
ASD Signature:	<u>Audrey Mattison</u>	<u></u>	<u>7/2/2024</u>	PV Number:	<u>00346733</u>
Warrant Number:		<u>3001652807</u>	Warrant Date:	<u>7/16/2024</u>	Warrant Amount: <u>\$17,895.87</u>