

Date:

To: New Mexico Higher Education Department
2044 Galisteo Street, Suite B, Santa Fe, NM 87505-2100

From:

Re: Draw Request #

Type of Bonds/Series or Gen.Fund Appr: _____

Project Title: _____

DFA Project Number: _____

Institution Project No. (optional): _____

Chapter and Laws: _____

Reversion Date: _____

Expenditure Date Range:* _____

Budget Summary:

Original amount of approp. for this project

AIPP amount (if applicable) 1% of original amount

Total amount available after AIPP

Less amount of this draw request

Less pending draw request(s)

Less approved draw request(s)

Total amount for draws to date

Available balance for this project

Comments:

Subject to the terms, provisions and conditions of this draw request, you are requested to have delivered to the Institution or designated payee of the recipient on the bond proceeds the total amount stated above.

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. The Institution acknowledges that, in general, the interest on the bonds may not be excluded from gross income for federal income tax purposes if more than five percent (5%) of the bond proceeds are to be used directly or indirectly by any person other than a governmental unit ("Private Person") in any business or commercial activity other than use as a member of the general public and the Private Person makes payment for the use of such property (whether or not such payments are made to the state) which exceed the principal of or interest on more than 5% of the proceeds on the bonds.

I certify that this request complies with the policies of the State Board of Finance and is consistent with the reasonable expectations set forth in the Tax Compliance Certificate signed by the Institution in connection with the issuance of the bonds. If this request is for a reimbursement, I certify that money of the recipient of proceeds from this draw request equal to or greater than the amount reimbursed has been paid for project purposes.

Wire Transfer Information:

Payor: New Mexico State Treasurer

Institution:

Amount due:

Institution Account No:

Receiving Bank/Location:

Bank Transit No (9 digits):

Authorized Signature

Type Name and Title

NMHED Approval:

\$ _____

Amount approved Signature Date

CERTIFICATIONS:

1. Under New Mexico law, expenditures shall not be made for purposes other than those specified in an appropriation. The Agency has considered the appropriation language (listed on Page 1 under Project Description) and certifies that the proceeds requested will be applied to a permissible purpose within the Project Description.
2. None of the obligations for which payment is 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.
3. The Agency certifies that the stated expenditures have been incurred and paid, or, in the case of direct payment to vendors, incurred, relative to the said project, the stated severance tax, supplemental severance tax, or general obligation bond series and prior to the reversion date on page 1.
4. If this request is for reimbursement, the Agency certifies that money of the recipient of proceeds of this draw request equal to or greater than the amount reimbursed has been paid for project purposes.
5. The Agency certifies that according to its accounting records for this project, there is a sufficient account balance available on this project to cover this request. The Agency certifies that to the best of the Agency's knowledge, the above representations with respect to the project balance and distributions to date are accurate.

Authorized Signature

Type Name and Title

Sworn and subscribed to before me, a notary public, this ____ day of _____ in the year _____.

Notary Public

My commission expires: _____