



**NEW MEXICO CLEAN & BEAUTIFUL  
FY25 INITIAL DISBURSEMENT INVOICE**

*Please complete the fields below.*

Today's Date: \_\_\_\_\_

Name of Awarded Entity: \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Disbursement request amount (half of total grant award): \_\_\_\_\_

**DO NOT COMPLETE ANY OF THE FIELDS BELOW**

**For NMTD Admin use ONLY**

**PO Number:** \_\_\_\_\_

**Total Award Amount:** \_\_\_\_\_

**Current Disbursement Amount:** \_\_\_\_\_

**Remaining Balance:** \_\_\_\_\_

**Approved By:**

Invoice Number:

Invoice Date: