NEW MEXICO CLEAN & BEAUTIFUL

**FY24 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

INVOICE NUMBER: INVOICE DATE:

**For NMTD Admin use ONLY**

PO Number:

Total Award Amount:

Current Disbursement Amount:

Remaining Balance:

Approved by: