

FINAL CASH REQUEST FORM

THIS FORM MUST BE TYPED. * Please round all figures to the nearest dollar.

Mail to: NEW MEXICO ARTS
A Division of the Dept of Cultural Affairs
PO Box 1450
Santa Fe, New Mexico 87504-1450

Application Number _____ 10-_____
Contract Period: FY2010, ends **June 30, 2010**

- 1. Name of Contractor _____ .
- 2. Amount of Contract Award \$ _____ (+)
- 3.a Current Cash Request \$ _____ (-) (Minimum amount must be 20% of contract amount.)
- 3.b Total Previous Cash Requested \$ _____ (-)
- 3.c Contract Balance Remaining \$ 0.00 (=)
(#2 minus #3a and #3b equals #3c)
- 4. Cash Request Number **FINAL**

5. **REQUEST ITEMIZED** -- List Items and \$ amounts for THIS Request ONLY. Refer to your most recent Schedule of Events to determine line items as submitted with the contract or subsequently amended. If the schedule has changed substantially, submit a new revised Schedule of Programs & Services and Revised Budget Estimate with this Cash Request showing the change(s). **DO NOT** include receipts, invoices or copies of checks; save these in your office for at least three years.

_____ Admin Salaries/Benefits	_____ Marketing/Public Relations
_____ Artistic Salaries/Benefits	_____ Rent/Mortgage
_____ Admin Contracted Fees/Services	_____ Materials/Supplies
_____ Artistic Contracted Fees/Services	_____ Other (phone, postage, insurance, etc.)
_____ Travel	

Total Current Cash Request (must equal #3a above) \$ _____

A FINAL REPORT PACKET MUST ACCOMPANY THIS REQUEST

6. Certification: I certify that the above information is true and correct and that all expenditures were incurred solely for the purposes of the above contract during the contract period and in accordance with the agreed conditions of the contract. The funds received for this cash request are for reimbursement of expenses already incurred.

7. Project Director's Signature (must be original, not a copy) _____
Type Name: _____ Date: _____
Telephone: (_____) _____ email: _____

MAIL CHECK TO: (NOTE: **Address must be typed in order for cash request to be processed.** Is there a new address? See below.)*

**Change in address or organization name will require written notice and submission of a new NM Substitute W-9 form to NMA.*

FOR NMA USE ONLY:

Approved: _____ Date: _____ Service Dates: _____