INTERIM 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 Department of Cultural Affairs
PO Box 1450
Santa Fe, New Mexico 87504-1450

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

1. Name of Contractor:

2. Amount of Contract Award $ (+)

3.a Current Cash Request $ _____ (-)

3.b Total Previous Cash Requested $ _____ (-)

3.c Contract Balance Remaining $ _____ (=) (Must be a minimum of 20%)
(#2 minus #3a and #3b equals #3c)

4. Interim Cash Request Number (1,2,3,etc.) __

5. REQUEST ITEMIZED - List items and dollar amounts for this request only. Refer to the most recent Schedule 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 a new Revised Budget Estimate Form 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
_____Artistic Salaries/Benefits
_____Admin Contracted Fees/Services
_____Artistic Contracted Fees/Services
_____Travel
_____Marketing/Public Relations
_____Rent/Mortgage
_____Materials/Supplies
_____Other (phone, postage, insurance, etc.)

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

A CONCISE NARRATIVE PROGRESS REPORT 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.** Do you have 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.*

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***FOR NMA USE ONLY*:**

Approved: _____ Date: _____ Service Dates: _____

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