

**INTERIM CASH REQUEST FORM**

**A CONCISE NARRATIVE PROGRESS REPORT MUST ACCOMPANY THIS REQUEST**

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

Enter Contract Code & # (from contract): \_\_\_\_\_  
Contract Period: From the date of approval of  
the Contract by DFA to (m/d/y) \_\_\_\_\_.

1. Enter Name of Contractor (from contract) \_\_\_\_\_

2. Total Contract Award (from contract) \$ \_\_\_\_\_ (+)

3.a Current Cash Request \$ \_\_\_\_\_ (-)

3.b Total Previous Cash Requested \$ \_\_\_\_\_ (-)

3.c Contract Balance Remaining \$ \_\_\_\_\_ (=)  
(must be a minimum of **20% of #2 above**)  
*(#2 minus #3a and #3b equals #3c)*

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

5. REQUEST ITEMIZED -- List Items and \$ amounts for THIS Request ONLY. Refer to your most recent Schedule and Revised Budget Estimate form for line items as submitted with the contract or subsequently amended. If the budget and/or schedule has substantially changed, submit a new Budget or Schedule with this Cash Request showing the change(s). DO NOT include receipts, invoices or copies of checks.

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

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

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) \_\_\_\_\_  
Print or Type Name: \_\_\_\_\_ Date \_\_\_\_\_  
Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ email: \_\_\_\_\_

**MAIL CHECK TO:**  
**(must be Contractor on contract)**

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

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**FOR NMAD USE ONLY:**

Approved: \_\_\_\_\_ Date: \_\_\_\_\_ Internal Code No: \_\_\_\_\_ Service Dates: \_\_\_\_\_