

# Request for Payment or Reimbursement

Date: \_\_\_\_\_

Check requested by: \_\_\_\_\_

Make check to: \_\_\_\_\_ Phone No. \_\_\_\_\_  
As name is listed with NM Taxation & Revenue

Mailing Address: \_\_\_\_\_  
If a new vendor

City, State, Zip: \_\_\_\_\_

Amount of check: \$ \_\_\_\_\_

Budget Line Item Name \_\_\_\_\_ or Budget Acct No. \_\_\_\_\_

Any explanation you want to show on check stub: \_\_\_\_\_

If payee is vendor, do we need to provide a New Mexico Non-Taxable transaction Certificate? \_\_\_\_\_

If so, what is vendor's CRS number \_\_\_\_\_

If bill is over \$600 vendor will need to provide us with a completed W-9

Attach invoice to be paid: