

Request No. _____
 DFA/FCF USE ONLY

DFA/FCF (5/2020)

State of New Mexico
Department of Finance and Administration
Financial Control Division
 REQUEST FOR APPROVAL TO PAY PRIOR YEAR BILLS
(Section 6-10-4, NMSA, 1978)
 CAPITAL PROJECTS & MULTIPLE YEAR APPROPRIATIONS

Business Unit: _____
Agency Name: _____
Agency Contact Name: _____
Agency Contact Phone Number: _____
Date: _____

THE FORM MUST ONLY LIST ITEMS/INVOICES THAT PERTAIN TO THE SAME DEPARTMENT. APPROVED REQUEST MUST BE ATTACHED TO PAYMENT VOUCHER.

Fund	Department Code	Budget Reference	Class	
Supplier		Fiscal Year of Goods/Services	Explanation for not Submitting Timely	Amount
Total				

I certify that a payable was not established for goods/services at the end of the fiscal year, and that the budget for this department was sufficient to pay the obligation, had the bill been presented prior to the end of the fiscal year.

Signature: _____ **Date:** _____
 Chief Financial Officer

FOR DFA/FCF USE ONLY	
Budget	
Balance as of June 30	_____
Approvals to Date	_____
Adjusted Balance	_____
Date Request Approved	_____
Approved By	_____
Financial Control Division	
Payment must be made within thirty days from DFA approval date as required DFA/MAPS FIN 4.2.	