AGENCY NAME

Appendix 45

STATE OF NEW MEXICO
DISTRIBUTION PAYMENT VOUCHER

PAGE	DATE
AGENCY CODE	DOC NUMBER

FUND	ORG	OBJECT	REVENUE SOURCE	BALANCE SHEET ACCOUNT	REPT CATG	DESCRIPTION	TOTAL AMOUNT

FOR AGENCY USE

I CERTIFY THAT THE WITHIN NAMED PAYEES ARE LEGALLY ENTITLED UNDER THE LAW(S) CITED BELOW TO RECEIVE THE DISTRIBUTIONS STATED HEREIN; THAT THEY ARE NECESSARY AND PROPER; THAT THIS VOUCHER HAS BEEN EXAMINED; THE AMOUNTS CLAIMED ARE JUST, REASONABLE AND CORRECT; THAT NO PART THEREOF HAS BEEN PAID BY THE STATE OF NEW MEXICO.

VERIFIED BY:		AGENCY AUTHORIZED SIGNATURE	
TITLE	DATE	TITLE	DATE

FOD C-FRAG - 03 (07/92) DISTRIBUTION: WHITE - DFA COPY CANARY - AGENCY COPY PINK - AGENCY COPY

STATE OF NEW MEXICO
DISTRIBUTION PAYMENT VOUCHER
CONTINUATION SHEET

PAGE	DATE
AGENCY CODE	DOC NUMBER

LN	VENDOR CODE	VENDOR NAME AND REMITTANCE ADDRESS	JUROR HOURS	JUROR PAY	NUMBER OF MILES	MILEAGE PAY	AMOUNT	PAYMENT VOUCHER NUMBER	WARRANT NUMBER
		TOTALS							

ADC - 2 (10/92) *DISTRIBUTION:* WHITE - DFA COPY CANARY - AGENCY COPY PINK - AGENCY COPY