

**SUPERINTENDENT**

Bobbie J. Gutierrez  
[bobbie.gutierrez@k12espanola.org](mailto:bobbie.gutierrez@k12espanola.org)  
Website: [www.k12espanola.org](http://www.k12espanola.org)  
405 Hunter Street  
Española, New Mexico 87532  
505-753-2254  
Fax 505-367-3363



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**REQUEST FOR PAYMENT**

PAYEE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of Services Rendered or Reason for Request for Reimbursement:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount \_\_\_\_\_

I certify the above request for payment is correct and just and that payment has not been received.

Payee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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