Request No. _____

DFA/FCD USE ONLY

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

DFA/FCD (6/2026)

Business Unit: _____ **Agency Name:** _____ **Agency Contact Name:** _____

Budget Reference: _____ **P code :** _____ **Phone Number:** _____

Approved Request must be attached to Payment Voucher and coded to account 547999 or 535999 Request to Pay Prior Year Bills.

Supplier	Fiscal Year of Goods and Services	Invoice Number	Explanation for not Submitting Timely	Amount
			Total	0.00

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

Signature: _____ ***Date:*** _____

Chief Financial Officer

Balance as of June 30: _____

Approvals to Date: _____

Adjusted Balance: _____

Approved date: _____ **Approved by:** _____

FINANCIAL CONTROL DIVISION

Payment must be made within thirty days from DFA approval date as required per DFA/MAPS FIN 4.2