Billing Information Sheet



Your agency must complete the following:

CPR - ALD 7/1/2018

Publish in the New Mexi	ico Register		
Volume:	Issue:	Publication date:	
Agency's 3-digit DFA co			
Purchase order 15-digit	number:		
Agency name: Division name (if application street address or P.O. E. City, State and Zip code	Box:		
Contact person's name: Contact person's phone Contact person's e-mail	number:		
Notice name (if submitti Example: Notice of Rule			
Or Rule NMAC number Example: 19.31.3 NMAC		ing an amendment, repeal & replace, ng License Application	repeal, new rule etc.
Electronic file name(s): (ALD Use Only)			
Analyst's initials:			

Instructions for Completing the BILLING INFORMATION SHEET



Your agency must complete the following:

New Mexico Register Volume number: Issue number: Publication date:

Example: Volume: XXVIII , Issue: 19, Publication date: October 17, 2017

Agency's 3-digit DFA code: Example: 123

Agency's 15-digit purchase order number: Example: 12300-000004567

Agency's name:

Division name (if applicable): Street address or P.O. Box: City, State and Zip code:

Contact person's name:

Contact person's Phone number: Contact person's E-mail address:

Note: Complete one or the other of the following fields unless submitting a notice AND filing a rule.

Notice name, if submitting a notice of rulemaking

Example: Notice of Regular Board Meeting and Rulemaking Hearing

OR

Rule NMAC number and rule name, if filing a new rule, an amendment, a repeal or replacement. Example: 19.31.3 NMAC, Hunting and Fishing License Application

Last 2 fields are for Administrative Law Division staff use only.