

NEW MEXICO STATE BOARD OF FINANCE

EMERGENCY LOAN

QUARTERLY REPORT

GENERAL INFORMATION –

Contact Information for Loan:

Name of Public Entity: _____

Address: _____

Contact Name: _____ **Title:** _____

Telephone: _____ **Email:** _____

Signature: _____ **Date:** _____

Date of this Report (choose one): January 15 / April 15 / July 15 / October 15 Year: _____

Purpose of Loan: _____

Emergency Loan No.: _____ **Date of Loan Approval:** _____

Amount of Loan: \$ _____ **Amount Outstanding:** \$ _____

Next Payment Due Date: _____

CURRENT FINANCIAL STATUS –

What amount of original loan proceeds have been expended? \$ _____

Will upcoming payment(s) be made on time (choose one)? Yes / *No

*If no, please attach this quarterly report and additional applicable documentation to a letter explaining why payment will not be timely and request to appear before the State Board of Finance at its next regular meeting.

*Please submit reports each quarter to Irene Sanchez at,
Irene.Sanchez@state.nm.us or Fax to 505-827-3985*