

STATE OF NEW MEXICO
DEPARTMENT OF FINANCE AND
FINANCIAL CONTROL DIVISION
REQUEST FOR POLICY EXEMPTION

Check the appropriate policy request:

New Exemption _____ Existing Exemption _____ Exemption Number _____

State the DFA/FCD policy, procedure, or memorandum from which you are requesting an exemption:

State the exemption requested and provide a complete justification:

Fund Code _____ Business Unit _____ Department _____

Date Exemption Requested for: _____

Signed by Requesting Authority: _____ Date: _____
(Cabinet Secretary/Agency Director)

For FCD Use Only

Approved by: _____ Date: _____
(Financial Control Division Director)

Expiration Date: _____