



# State of New Mexico Purchase Order

PO Number to be on all Invoices and Correspondence

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## Department of Health

1190 St. Francis Dr  
P. O. Box 26110  
Santa Fe NM 87502-6110  
United States

### Approved

<b>Purchase Order</b> 66500-0000197166	<b>Date</b> 04-12-2024	<b>Revision</b>
<b>Payment Terms</b> Pay Now	<b>Freight Terms</b> FOB Destination	<b>Ship Via</b> Best Way
<b>Buyer</b> Sushmita Ghosh	<b>Phone</b>	<b>Currency</b> USD

### Dispatch Via Print

**Supplier:** 0000000729  
STATE RECORDS CENTER &  
ARCHIVES  
COMMISSION OF PUBLIC  
RECORDS  
1205 CAMINO CARLOS REY  
SANTA FE NM 87507  
United States

**Ship To:** 2040 South Pacheco  
Santa Fe NM 87505  
United States

**Bill To:** 1190 St Francis Dr.  
P O Box 26110  
Santa Fe NM 87502-  
6110  
United States

**Origin:** EXE      **Excl/Excl#:** 13-1-98-A

Line-Sch	Item/Description	Quantity	UOM	PO Price	Extended Amt	Due Date
1 - 1	Notice of Correction in NM Register: Repeal/ Replace cost in Certified-Nurse & Midwives, New Mexico Department of Health, 16.11.2.9 (B)(3) NMAC, Licensure. Six months has been changed to one year.	1.00	EA	\$1,190.00	\$1,190.00	04/12/2024

66500-06101-2003050000-542002- - - -124-H0000

**Schedule Total**      \$1,190.00

**Item Total**      \$1,190.00

**Total PO Amount**      \$1,190.00

Agency Approval - I certify that the proposed purchase represented by this document is authorized by and is made in accordance with all State (and if applicable Federal) legislation rules and regulation. I further certify that adequate unencumbered cash and budget expenditure authority exists for this proposed purchase and all other outstanding purchase commitments and accounts payable.

**Authorized Signature**