

# Quarterly Report

## Horizons of New Mexico

Please attribute hours, number of employees with disabilities and wages related to contracts/procurements under the NM State Use Act performed for each quarter

### **HOURS**

**This Quarter**

Total hours worked by persons with disabilities who worked on Horizons of New Mexico Service contracts

# of hours \_\_\_\_\_

### **WORKERS**

**This Quarter**

Total number of employees with disabilities who worked on Horizons of New Mexico Service contracts

# of people \_\_\_\_\_

### **WAGES**

**This Quarter**

Total wages paid to Persons with Disabilities on Horizons of New Mexico Service contracts

\$ \_\_\_\_\_

Report Completed by: \_\_\_\_\_  
print name and contact information

Circle Which Quarter Reporting: 1 (Jan.-Mar) 2 (Apr-Jun) 3 (Jul-Sept) 4 (Oct-Dec)

Submit Form completed by via email to:

Pamela June  
Executive Director, Horizons of New Mexico  
8100 Mountain Road NE, Suite 103  
Albuquerque, NM 87110  
[pjune@horizonsofnewmexico.org](mailto:pjune@horizonsofnewmexico.org)  
[wwilliams@horizonsofnewmrxico.org](mailto:wwilliams@horizonsofnewmrxico.org)