

STATE OF NEW MEXICO
Educational Retirement Board
P.O. BOX 26129
SANTA FE, NM 87502-0129
PHONE: (505) 827-8030 FAX: (505) 827-8010

CONTRIBUTION REPORT

Administrative Unit: _____ For Period Ending: _____

Electronic Report Filename: _____ Wire Date: _____

I. Educational Retirement Act Contributions (R)

Salaries	Employee Contrib. (7.75%)	Employer Contrib. (10.15%)	Overpayments	Underpayments	Total 'R' Contributions
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II. Alternative Retirement Plan Contributions (AP) (Universities, Jr. Colleges, Community Colleges ONLY)

Salaries	XXXXXXXXXXXXXXXXXXXX Do Not Use	Employer Contrib. (3.00%)	Overpayments	Underpayments	Total 'AP' Contributions
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III. Return-to-Work Program Contributions (RT)

Salaries	XXXXXXXXXXXXXXXXXXXX Do Not Use	Employer Contrib. (10.15%)	Overpayments	Underpayments	Total 'RT' Contributions
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IV. PERA Retiree Contributions (RP)

Salaries	XXXXXXXXXXXXXXXXXXXX Do Not Use	Employer Contrib. (10.15%)	Overpayments	Underpayments	Total 'RP' Contributions
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SUBTOTAL CONTRIBUTIONS

V. Penalties (Include copy of assessment)

NOTE: In accordance with the Educational Retirement Act, penalties will be assessed when reports and contributions are not postmarked by the 15th of the following month.

Total Penalties

TOTAL REMITTANCE

I hereby certify to the best of my knowledge and belief that this Report, the electronic Monthly Employment Report, and the associated contributions are true and correct and in compliance with the requirements of the Educational Retirement Act and Educational Retirement Board Rules.

Name of Contact	PIN No.	Contact Telephone Number and E-Mail address
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Printed or Typed Name of Authorized Official	Date	Signature of Authorized Official
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FOR ERB USE ONLY

Date Received _____	Received By _____	Postmark Date _____	Treasury Receipt # _____	Treasury Receipt Date _____
School Acct # _____	Approved By _____	Posted to G/L _____	Posted to Member Accts. _____	ERB Control # _____