

Source Water Protection Competitive Grant Invoice

Grantee Information

Public Water System _____ PWSID _____

Address _____

City _____ State _____ Zip Code _____

Contact person _____

Phone _____ Fax _____

Email _____

Invoice Information

Is this the final invoice? Yes No

Work Items and Expenditure Description

(Use an additional page if necessary)

Activity Description	Expenditures	Cost Share
Totals		
Deduct amount of cost share		
Net invoice amount to be paid		

Disclaimer and Signature

I declare that no part of this claim has been previously billed to MDH, and that the Total Expenditures reflect only charges related to the source water protection project. I also declare that the data on this document is correct and all transactions that support this claim were made in accordance with all applicable Federal and State statutes and regulations.

Authorized Grantee Signature _____ Date _____

SOURCE WATER PROTECTION GRANT INVOICE

For Minnesota Department of Health Use Only

Grant Manager Signature _____ Date _____

PO _____ Approved by _____

Period of service _____ Date sent to F.M. _____

Minnesota Department of Health
Drinking Water Protection
651-201-4696
www.health.state.mn.us

02/15/24

To obtain this information in a different format, call: 651-201-4696.