

### Title V MCH Grant - Invoice

FOR MDH USE ONLY (Complete by MDH)	
Vendor ID/Loc. Code	
Date invoice received by MDH	

Today's Date:

Submit Invoices Via Email To:	
Agency / Division	Minnesota Department of Health Child and Family Health Division
Grant Manager	Elizabeth Taylor-Schiro
Phone Number	651-201-4866
Email Address	Health.LPHAInvoiceSubmission@state.mn.us

**Grantee Recipient or Fiscal Agent Information**

Grantee Name	
Street Address	

Invoice Reference #

*Enter an invoice reference#. Include invoice month(s) and year. For example: Jan2024 or Jan-Mar2024.*

**Remit Address (If different)**

Grantee name	
Street Address	

Name of person who completed this form			
Email		Phone Number	
Billing Period:	Start Date	End Date	

The address on this invoice must match the address that you have entered in the Supplier Portal (also referred to as SWIFT). Please do not alter this invoice template. For any questions, please reach out to the grant manager/specialist directly before submitting this invoice.

CATEGORY OF EXPENDITURE	Expenditures
Salaries & Fringes	
Contractual Services	
Travel Expenses	
*Supplies and Expenses	
<b>OTHER (provide detail below)</b>	
Title V Expenses	
*Other Expenses	
<b>SUB TOTAL</b>	
**Indirect Costs (Max 10% of Sub Total)	
<b>Total Claim Amount Requested</b>	

**Note:** Budget changes of more than 10% to any line-item requires prior approval before costs are incurred and requires submitting a budget modification form. Budget changes of 10% or less do not require prior approval but requires submitting a budget modification form.

\*Includes telephone, postage, print, copy, and equipment under \$5,000.00      \*\*Federally approved rate, Maximum of 10%, multiplied by Sub Total

ORIGINAL CERTIFICATION SIGNATURE	
By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the State and Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Section 3729-3730 and 3801-3812).	
Authorized Official Signature:	Date

FOR MDH USE ONLY							
MDH Title V Grant Manager Approval: <input type="text"/>					Date: <input type="text"/>		
Naming Convention: MDH.TITLE V.93.994.STATE.R.O.							
PO #	Line	Fund	Depart ID Name	Approp ID	Project ID	Activity ID	Amount
PO #	Line	Fund	Depart ID Name	Approp ID	Project ID	Activity ID	Amount
Contract # <input type="text"/>			Voucher ID <input type="text"/>			Paid Date <input type="text"/>	
Processed by: <input type="text"/>				Date Sent to FM <input type="text"/>			Rev.03.21.24