

Title V MCH Block Grant Invoice

Today's Date:

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Grantee Recipient or Fiscal Agent Information

Grantee Name	
Street Address	
City, State, Zip Code	

Remit Address (If different)

Grantee Name	
Street Address	
City, State, Zip Code	

Name of person who completed this form			
Email Address			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.

[illegible]

* Includes telephone, postage, print, copy, and equipment under \$5,000.00

****Federally approved rate, Maximum of 15%, multiplied by Sub Total**

ORIGINAL CERTIFICATION SIGNATURE

I certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate. I am aware that the provision of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences including, but not limited to violations of U.S. Code Title 18, Sections 2,1001,1343, and Title 31, Sections 3729-3730 and 3801-3812.

Authorized Official Signature:

Date _____

FOR MDH USE ONLY

FORM ID#USE-0917			
Grant Manager/Specialist Approval:		Date:	

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 #		REQ No.		Voucher ID		Paid Date	
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Processed by:		Date Sent to FM		Rev.11.12.25
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FOR MDH USE ONLY (Complete by MDH)

Vendor ID/Loc. Code	
Date invoice received by MDH	

Submit Invoices via Email:

Agency / Division	Minnesota Department of Health Child and Family Health Division
Grant Manager	Elizabeth Taylor-Schiro
Phone Number	651-201-4866
Invoice In-box Email	Health.LPHAInvoiceSubmission@state.mn.us

Invoice Reference #	MDH.TITE V.93.994.
Enter an invoice reference No. Include invoice month(s) and year. For example: Jan2024 or Jan-Mar2024.	

Note: Budget changes of more than 15% to any line-item require approval before costs are incurred. Budget changes of 15% or less do not required approval but require notification to MDH. Both require a budget modification.