

Title V MCH Block Grant Invoice

Today's Date:

ANSWER

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.

Enter expenditures by line item
for the time period of this invoice.

* 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

Grant Manager/Specialist Approval: _____ Date: _____

PO #	Line	Fund	Depart ID Name	Approp ID	Project ID	Activity ID	Amount
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Contract # **REO No.** **Voucher ID** **Paid Date**

Processed by: _____ Date Sent to FM: _____ Rev.11.12.25