

U of MN – Regent SRAE / PREP Quarterly Invoice

FOR MDH USE ONLY (Complete by MDH Staff)						
Vendor ID / Loc. Code						

Date invoice received by MDH	
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Remit Address (If different)

Submit Budget Modification Request via Email:					
Invoices Inbox:	health.MCHInvoices@state.mn.us				
Grant Manager	Emily McDowell				
Grant Specialist	Khou Vang				

Rev.1.17.24

Today's Date:	

Grantee Information

Processed by:

Grantee Name							Grantee Na	ame		
Street Address							Street Add	ress		
Name of person wh Telephone Number	o comple	ted this for	m:	En	nail Addres	ss:				ng # if you would like)
Reporting Periods dates: (From) to (To): Please DO NOT alter the invoice. THANKS! Complete contact information at the top of the form. Please check address and reporting date before submitting invoice to prevent delay in payment. Address MUST match SWIFT exactly. THANKS! Enter actual quarterly monthly expenditure line item for the time being reported.					I quarterly or penditures by or the time					
CATE	GORY OF	EXPENDIT			Current	Expenditures				
			Salaries and Fontractual Se							
			Travel Ex							
			Supplies Ex							
Othe	er (provide	detail belo	w) DO NOT EN	ITER IN T	HIS CELL					
			0-1							
			Category Ex *Other Ex							
				TOTAL						
	**Indir	ect Costs (N	1ax 10% of Sul							
		(Total A							
*Includes telephone, postag	e, print, cop	y, and equipm	nent under \$5,00	0.00						
**Federally approved rate,										
ORIGINAL CERTIFICAT										
										ish receipts are for the purposes on of any material fact, may
subject me to criminal, civ	il or admini									3729-3730 and 3801-3812).
Authorized Signatu	re:						Date:			
140110	10		· .					Date:		
MDH Grant Manage	er/Grant	Specialist S	signature:					Date:		
FOR MDH USE ONLY	1									
Naming Convention	: MDH.PI	REP/SRAE.	93.235.STATI	E.R.Q.						
PO#	Line	Fund	Depart II		А	pprop ID		oject ID	Activity ID	Amount
			H123		H12_	A	H12H			
PO#	Line	Fund	Depart II	Name		pprop ID		oject ID	Activity ID	Amount
			H123		H12_	A	H12H			
2									D : 15 :	
Contract #				Vou	cher ID				Paid Date	

Date Sent to FM