

625 ROBERT ST N PO BOX 64975 STPAUL, MN 55164-0975

Today's Date:

Perinatal Health Innovation Invoice

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

Submit Invoices Via Email To:					
Invoice In-box Email					
Agency / Division	Minnesota Department of Health Child and Family Health Division				
Grant Manager					
Grant Manager Email					
Grant Specialist					
Grant Specialist Email					

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

Grantee Recipient or Fiscal Agent Information

Grantee Name	
Street Address	

Remit Address (If different)

	/
Grantee name	
Street Address	

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.

CATEGORY OF EXPENDITURE	Expenditures
Salaries & Fringes	
Contractual Services	
Travel Expenses	
Supplies and Equipment Expenses	
OTHER (provide detail below)	
Category Expenditure Expenses	
*Other Expenses	
SUB TOTAL	
**Indirect Costs (Max 10% of Sub Total)	
Total Claim Amount Requested	

Note: Budget changes of more than 10% to any line-item require approval before costs are incurred. Budget changes of 10% or less do not required approval but require notification to MDH.

*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 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 #	REQ#	Voucher ID	Paid Date	
i		T			T
	Processed by:		Date Sent to FM		Rev.10.23.24