

Sexual Reproductive Health Service

(SRHS) Invoice

Today's Date:

Grantee Recipient or Fiscal Agent Information

Grantee Name	
Street Address	

Remit Address (If different)

Grantee name Street Address

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

FOR MDH USE ONI	.Y (Complete by MDH)
Vendor ID/Loc. Code	
Vendor ID/ Loc. Code	

Date invoice received by MDH

Submit Invoices Via Email To:					
Division	Minnesota Department of Health Child and Family Health Division				
Invoice In-box Email	SRHS.MDH@STATE.MN.US				
Grant Manager	Ellen Saliares & Jacki Trelawny				
Grants Specialist	Audrey Staggemeyer				

Invoice Reference

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

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				
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 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											
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 #	Vouc			her ID	r ID				Paid Date		
Processed by:					Date Sent to FM					Rev.03.21.24	