

Grantee's Invoice number/ID (if applicable) _____

Invoice Date _____

Grantee name (as it appears in SWIFT) _____

Remit to address 1 _____ Contact name _____

Remit to address 2 _____ Contact phone _____

City, State, ZIP _____ Contact email _____

Grantee SWIFT supplier number _____ Invoice start date _____

Invoice end date _____

EXPENSE SUMMARY

Note: Information on Page 2 is required. This section will autofill from data entered on Page 2.

Salaries and fringe _____

Subtotal direct costs _____

Equipment (N/A) _____

Indirect cost, if applicable _____

Travel _____

Total invoice (amount requested) _____

Supplies _____

Contractual _____

Other _____

Grantee comments

CERTIFICATION

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.

Grantee authorized signature _____ Date _____

Note: Invoice must be signed by the official of the grantee agency with the authority to submit these expenses for payment for this grant.

For MDH Use Only

Minnesota Department of Health
Long COVID Program
PO Box 64975
St. Paul, MN 55164-0975
health.longCOVID@state.mn.us

1/15/25 To obtain this information in a different format, contact: health.longCOVID@state.mn.us. **Submit invoices to this email address for payment.**

GRANTEE INVOICE

SALARIES AND FRINGE

Staff (name and title)	Amount
TOTAL Salaries and Fringe:	

EQUIPMENT

N/A - Not approved for equipment (individual item >= \$5,000 value)	Amount
TOTAL Equipment:	\$0.00

TRAVEL

Description	Amount
TOTAL Travel:	

SUPPLIES

Description	Amount
TOTAL Supplies:	

CONTRACTUAL

Name	Amount
TOTAL Contractual:	

OTHER

Description	Amount
TOTAL Other:	

TOTALS

Totals	Amount
Subtotal DIRECT COSTS:	
Indirect rate (enter as decimals, e.g., 8.62% as .0862):	
INDIRECT COSTS, if applicable:	
TOTAL INVOICE (amount requested):	