

# Source Water Protection Transient Grant Invoice

## Grantee Information

Public Water System \_\_\_\_\_ PWSID \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact person \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

## Invoice Information

Is this the final invoice?    Yes    No

## Work Items and Expenditure Description

(Use an additional page if necessary)

Activity Description	Expenditures	Cost Share
Totals		
Deduct amount of cost share		
<b>Net invoice amount to be paid</b>		

## Disclaimer and Signature

I declare that no part of this claim has been previously billed to MDH, and that the Total Expenditures reflect only charges related to the source water protection project. I also declare that the data on this document is correct and all transactions that support this claim were made in accordance with all applicable Federal and State statutes and regulations.

Authorized Grantee Signature \_\_\_\_\_ Date \_\_\_\_\_

SOURCE WATER PROTECTION GRANT INVOICE

For Minnesota Department of Health Use Only

Grant Manager Signature \_\_\_\_\_ Date \_\_\_\_\_

PO \_\_\_\_\_ Approved by \_\_\_\_\_

Period of service \_\_\_\_\_ Date sent to F.M. \_\_\_\_\_

Minnesota Department of Health  
Drinking Water Protection  
651-201-4696  
[www.health.state.mn.us](http://www.health.state.mn.us)

02/15/24

*To obtain this information in a different format, call: 651-201-4696.*