

Submit invoices monthly to ommh@state.mn.us according to the schedule in your grant agreement.

Date: _____ Grantee: _____

Address: _____

Contact: _____ Phone: _____ Email: _____

Billing period (dates) From: _____ To: _____

	General Funds	
Salary and Fringe		
Contractual Services		
Travel		
Supplies		
Other		
SUBTOTAL		
Indirect <i>Use rate in approved budget</i>		
	Invoice Total:	

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 require approval but require notification.

Please email budget change requests and notifications to your grant manager.

ORIGINAL CERTIFICATION SIGNATURE

I declare that no part of this claim has been previously billed to MDH, and reflects only charges that conform and are consistent with the description and conditions of the grant agreement work plan and budget. 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 Official Signature: _____

Date: _____

Electronic signatures are accepted as legally binding.
Comments:

FOR MDH USE	PO #:	Vendor ID:
	Activity Code:	Location Code:
	PO Line #:	
	Approved Amt:	
	Processed by:	