

Capacity Strengthening Grant Invoice

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

Contact: Phone: Email:	Date:		Grantee:						
Billing period (dates) From:	Address:								
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. Travel	Contact:	Phone:				Email:			
Salary and Fringe Contractual Services Travel Supplies Other SUBTOTAL Invoice Total: ORIGINAL CERTIFICATION SIGNATURE 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. Authorized Official Signature: Flectronic signatures are accepted as legally binding. Comments: Vendor ID: Activity Code: Po Une #: Vendor ID: Location Code: Po Une #:	Billing period (dates)		From:			То:			
Salary and Fringe Contractual Services Travel Supplies Other SUBTOTAL Indirect Use rate in approved budget Invoice Total: ORIGINAL CERTIFICATION SIGNATURE Lectify 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: Po #: Vendor ID:			General Funds	;	_				
Contractual Services Travel Supplies Other SUBTOTAL Indirect Use rate in approved budget Invoice Total: ORIGINAL CERTIFICATION SIGNATURE 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:	Salary and Fringe				are incurred. Bu	udget changes c	of 10% or less		
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Invoice Total: ORIGINAL CERTIFICATION SIGNATURE 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:	Other								
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Electronic signatures are accepted as legally binding. Comments: PO #: Vendor ID: Activity Code: Location Code: PO Line #:	I certify to the best of my knowledge a fraudulent information, or the omission	and belief that to on of any materi	ial fact, may sub	ject me to crimi	nal, civil, or admin				
PO #: Vendor ID:	Authorized Official Signature:					Date:			
Activity Code: Location Code: PO Line #:	Comments:	Electronic	signatures are d	accepted as lego	ally binding.				
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