

# TANF - FHV/TPP/WIC Invoice

FOR MDH USE ONLY	
Vendor ID/Loc. Code	
Date Invoice Received	

Mail To:	Minnesota Department of Health Child and Family Health Division
Grant Manager	
Email	<a href="mailto:Health.FHVGrants@state.mn.us">Health.FHVGrants@state.mn.us</a>

Today's Date:

**Grantee Information**

Grantee Name	
Street Address	

**Remit Address (If different)**

Grantee name	
Street Address	

**INVOICE REFERENCE #**   
 (Provide a tracking # if you would like)

Name of person who completed this form:		Phone Number	
Email Address:		Reporting Period dates:	

Please check address and reporting dates before submitting invoice to prevent delay in payment.

CATEGORY OF EXPENDITURE	Family Home Visiting Expenditures	Teen Pregnancy Prevention Expenditures	WIC Expenditures	Totals	
Salaries and Fringe					
Contractual Services					
Travel Expenses					
Supplies and Expenses					
Other (expenses must be included in approved budget)					
Other Expenses Total					
<b>SUB TOTAL all Categories</b>					
Indirect Costs *					
<b>Totals</b>					<b>Total Invoice Amount</b>

\*Federally approved rate or 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 information 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.

<b>Authorized Signature:</b>		<b>Date:</b>	
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**FOR MDH USE ONLY**

<b>Grant Manager Signature:</b>		<b>Date:</b>	
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**Naming Convention:**

PO #	Line	Fund	Depart ID Name	Approp ID	Project ID	Activity ID	Amount
			H12364	H12	H12H	64	

**Naming Convention:**

PO #	Line	Fund	Depart ID Name	Approp ID	Project ID	Activity ID	Amount
			H12364	H12	H12H	64	

<b>Contract #</b>		<b>Voucher ID</b>		<b>Paid Date</b>	
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<b>Processed by:</b>		<b>Date Sent to FM</b>		Rev. 12.16.2022
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