

# Title V MCH-FAP Invoice

FOR MDH USE ONLY (Complete by MDH)	
Vendor ID/Loc. Code	

Date invoice received by MDH	
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**Today's Date:**

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

**Grantee Information**

Grantee Name	
Street Address	

**Remit Address (If different)**

Grantee name	
Street Address	

<b>INVOICE REFERENCE #</b>
(Provide a tracking # if you would like)

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

Please **DO NOT** alter the invoice. **THANKS!**  
 Complete contact information at the top of the form.

Please check address and reporting date before submitting invoice to prevent delay in payment. Address **MUST** match **SWIFT** exactly. **THANKS!**

**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 required approval but require notification to MDH

CATEGORY OF EXPENDITURE	Expenditures CFDA 93.994	Expenditures CFDA 84.181.A
Salaries and Fringe		
Contractual Services		
Travel Expenses		
Supplies Expenses		
<b>Other (provide detail below) DO NOT ENTER IN THIS CELL</b>		
Title V Expenses		
Other Expenses		
<b>SUB TOTAL</b>		
Indirect Costs (Max 10% of Sub Total)		
Title V Total Expenses		
<b>Title V and FAP Total</b>		

Title V- Enter actual quarterly or monthly expenditures by line item for the time being reported.

FAP EXPENSES - Entered actual quarter or monthly expenditures by line item for the time being reported.

Enter ALL FAP expenses below.  
 \*All FAP Expenses needs to be billed out by: \_\_\_\_\_

FAP Total EXPENSES

\*Includes telephone, postage, print, copy, and equipment under \$5,000.00    \*Federally approved rate, 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 report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the State and Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Section 3729-3730 and 3801-3812).

Authorized Official Signature:		Date:	
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FOR MDH USE ONLY (Complete by MDH)			
Title V Grant Manager Approval:		Date:	

**Naming Convention: MDH.TITLE V.93.994.STATE.R.Q.**

PO #	Line	Fund	Depart ID Name	Approp ID	Project ID	Activity ID	Amount
		3000	H123_____	H12_____A	H12H_____		
PO #	Line	Fund	Depart ID Name	Approp ID	Project ID	Activity ID	Amount
		3000	H123_____	H12_____A	H12H_____		
Contract #			Voucher ID			Paid Date	

**FAP Grant Manager Approval:**

		Date	
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**Naming Convention: MDH.FAP.84.181A.STATE.R.Q.**

PO #	Line	Fund	Depart ID Name	Approp ID	Project ID	Activity ID	Amount
		3000	H123_____	H12_____A	H12H_____		
Contract #			Voucher ID		Date Paid		

Processed by:	Date Sent to FM		Rev. 9.15.22
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