

Enter Grant Program Name

Grantee Name  
(as it appears in SWIFT)  
Remit To Address 1  
Remit To Address 2  
City, State, Zip  
Grantee SWIFT Vendor #

Contact Name  
Contact Phone  
Contact email

Invoice Start  
date

Invoice End  
date

Grantee Invoice ID, if applicable:

## Expenses

Salaries/Fringe

Equipment

Supplies

Travel

Contractual

Other (details on right)

Subtotal

Indirect

**Total**

Enter details of "Other" expenses below.

Enter "Other" costs here. These will autosum and autofill in the "Other" field to the left.

Grantee Comments:

**Certification Section:** By signing this report, 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.

**Grantee Authorized Signature**

Date:

\* Invoice must be signed by the official of the grantee agency with the authority to submit these expenses for payment for this grant.

## For MDH Use Only

Okay to Pay:

Grant Manager Approval:

Date:

PO #:

Line #:

Amount to pay:

PO #:

Line #:

Amount to pay:

PO #:

Line #:

Amount to pay:

PO #:

Line #:

Amount to pay:

Total Payment:

Program Invoice ID:

[see this link for more information](#)

Program Financial Approval:

Notes for FM: