

**Eliminating Health Disparities Initiative (EHDI)
2014-2015 Invoice Template**



Organization Name		Program Contact Email Phone Number	
Name of Contact Person for Invoice		Phone Number Email	
Billing Period for This Invoice		Contract Period	
Line Item		Amount Spent in this Billing Period	
		TANF	All Other Areas
Line 1.	Salary and Fringe Benefits	\$	\$
Line 2.	Contractual Services	\$	\$
Line 3.	Travel	\$	\$
Line 4.	Supplies and Expenses	\$	\$
Line 5.	Other	\$	\$
Subtotal		\$	\$
Administrative Costs <i>May not exceed 15% of subtotal above, unless you already have a pre-negotiated rate with the Federal Government</i>		\$	\$
Total Expenses for this Invoice		\$	\$
Adjustments if any		(\$)	(\$)
Total Reimbursement			

I declare that no part of this claim has been previously billed to MDH, and that the column marked "TANF/Health Youth Development" reflects only charges related to the prevention of teen pregnancy. 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.

Signature

Date

For MDH Use Only

EHDI Fiscal Year 2013		EHDI Fiscal Year 2014	
Activity Code:	Activity Code:	Activity Code:	Activity Code:
PO #:	PO #:	PO #:	PO #:
PO Line #:	PO Line #:	PO Line #:	PO Line #:
Approved Amount	Approved Amount	Approved Amount	Approved Amount
\$	\$	\$	\$
Approved by OMMH Authorized Rep		SWIFT Transaction #	
		Date	

Send All Invoices to OMMH@STATE.MN.US or Fax 651-201-4986

For any Inquiries, Please Contact: 625 Robert Street North, PO Box 64975 St. Paul, MN 55164 PH: 651-201-5820

Invoice Due Dates

Billing Period	Invoice Due Date
July 1, 2014 to July 31, 2014	August 25, 2014
August 1, 2014 to August 31, 2014	September 25, 2014
September 1, 2014 to September 30, 2014	October 25, 2014
October 1, 2014 to October 31,2014	November 25, 2014
November 1, 2014 to November 30,2014	December 25, 2014
December 1, 2014 to December 31, 2014	January 25, 2015
January 1, 2015 to January 31,2015	February 25, 2015
February 1, 2015 to February 28, 2015	March 25, 2015
March 1, 2015 to March 31, 2015	April 25, 2015
April 1, 2015 to April 30, 2015	May 25, 2015
May 1, 2015 to May 31, 2015	June 25, 2015
June 1, 2015 to June 30, 2015	July 25, 2015

Invoice Instructions

1. In the column labeled “Healthy Youth Development/TANF,” enter your costs for the billing period related to the prevention of infant mortality through healthy youth development activities.
2. In the column labeled “Other,” enter your costs for the billing period related to reducing health disparities in breast and cervical cancer, cardiovascular disease, diabetes, HIV/AIDS and sexually transmitted infections, immunizations for adults and children, infant mortality, and/or violence and unintentional injuries.
3. On the row labeled “Salary and Fringe Benefits,” enter your costs for salary and fringe benefits for staff members directly involved in your project.
4. On the row labeled “Contractual Services,” enter your costs for subcontractors.
5. On the row labeled “Travel,” enter your costs for travel, including mileage, hotels, and meals. Expense limits are as follows: mileage – current IRS rate (56.5 cents per mile); parking fees – actual cost; breakfast – \$7; lunch – \$9; dinner – \$15; hotel – actual cost within reason.
6. On the row labeled “Supplies and Expenses,” enter your costs for such items as telephone, postage, printing, photocopying, office supplies, materials, food at gatherings, and equipment costing less than \$5,000.
7. On the row labeled “Other,” enter your costs for other items that were approved in your budget.
8. On the row labeled “Subtotal,” enter the total of all the rows above.
9. On the row labeled “Administrative Costs,” enter your costs that represent the expenses of doing business that are not easily identified with this particular grant but are necessary for the general operation of your organization, if your approved budget includes such expenses. Your administrative costs cannot be more than 15 percent of the amount on the “Subtotal” line.
10. On the row labeled “Total,” enter the total of the “Subtotal” line and the “Administrative Costs” line.
11. If you had received an advance, you will use this line to repay the advance amount as approved by your grant manager.

Unallowable Expenses

These grant funds cannot be used for direct patient medical services or care, treatment of disease or disability, capital improvements or alterations, cash assistance paid directly to individuals to meet their personal needs, or conference sponsorships. Prior written permission from the MDH grant manager is required to use grant funds for out-of-state travel or equipment that costs more than \$5,000. “Healthy Youth Development/TANF” funds cannot be used for family planning services, which are defined as counseling and education as a part of clinical visits related to obtaining contraceptives, medical services such as pap smears, and physical and contraceptive supplies. Also incentives are limited to \$50 per person per year.