Minnesota Judicial Branch Sample Grant Invoice

Grant Period: July 1, 2017 - June 30, 2019   **PO Number:**   **Vendor Number:**

Organization Reporting:

Invoice/Report Period: 💬 2

		Total Program Budget 💬 7	Program Expenses Paid this Claim Period 💬 3	Reimbursement Amount Claimed this Period 💬 5	Program Expenses Paid Year to Date 💬 6	Reimbursement Claimed Year to Date 💬 4
Wages	FTE					
Attorney						
Paralegal/Support Staff						
Admin/Fundraising Staff						
Fringe Benefits						
Total Personnel						
Space (e.g. rent or ownership costs, utilities, maintenance, etc.)						
Communications						
Equipment Rental/Leasing						
Equipment Purchase						
Office Supplies						
Travel						
Prof. Development & Training						
Audit						
Judicare Contracts						
Client Service Contracts (e.g. Interpreters, etc.)						
Administrative Contracts (e.g. Maintenance, Accounting)						
Technology Contracts (e.g. IT Support)						
Litigation						
Insurance						
Other: *Specify*						
Total Non-Personnel						
Total Expenses						

Payment in the amount of _____ **under the terms of the grant agreement is hereby requested.**

Contact Person:

Telephone Number:

E-Mail Address:

Date Submitted: 💬 9

Summary of Comments

Page: 1

Number: 1   Author: gernanderb Subject: Highlight   Date: 8/1/2017 11:11:37 AM

Number: 2   Author: gernanderb Subject: Sticky Note   Date: 8/1/2017 11:06:08 AM
Make sure this is updated every time you submit an invoice and that the period matches the time frame for the expenses documented below.

Number: 3   Author: gernanderb Subject: Sticky Note   Date: 8/1/2017 10:53:09 AM
The second column is very important. This should be your total program expenses for the claim period and should match whatever financial report you are providing with the invoice to document your expenses. You only need to enter expenses in categories for which you are claiming reimbursement in the third column. For example, if you are only requesting reimbursement for personnel costs then you only need to provide totals for those categories in this column.

Number: 4   Author: gernanderb Subject: Sticky Note   Date: 8/1/2017 10:56:50 AM
This column is optional and is a running total of how much you have requested for reimbursement during the grant period. This can be helpful for you to keep track of how much you have left on your grant.

Number: 5   Author: gernanderb Subject: Sticky Note   Date: 8/1/2017 10:55:14 AM
This column must show all the categories where you are requesting reimbursement. You cannot request more in reimbursement than you spent in the invoice period. This means that column three always needs to be equal or less than column two. The total at the bottom of this column is what you will request for payment.

Number: 6   Author: gernanderb Subject: Sticky Note   Date: 8/1/2017 10:55:56 AM
This column is optional and is a running total of column two for the grant period.

Number: 7   Author: gernanderb Subject: Sticky Note   Date: 8/1/2017 10:52:59 AM
This first column should be for your whole program budget for your fiscal year as provided in your grant application. It can change as their amendments to your budget. This is just a guide as to how much you are planning to spend in these categories for your fiscal year. It does not need to match the state fiscal year.

Number: 8   Author: gernanderb Subject: Highlight   Date: 8/1/2017 10:59:38 AM

Number: 9   Author: gernanderb Subject: Sticky Note   Date: 8/1/2017 11:04:55 AM
Payment of invoices will be within 30 days of receipt.

Number: 10   Author: gernanderb Subject: Highlight   Date: 8/1/2017 11:21:34 AM