

Vendor's Invoice

Use **ONLY** for members of an official DHS Administrative Board,
Advisory Council, Task Force or Committee

Date invoice received by DHS
(Date stamp preferred)

Mail invoice to:

DHS Program contact

NAME: _____

ADDRESS: _____

Vendor name and remit to address:

NAME		
STREET ADDRESS		
CITY	STATE	ZIP CODE
SSN OR VENDOR #		☐ Change of address

Check one of the following:

Official name of: ☐ Administrative Board ☐ Advisory Council ☐ Task Force ☐ Committee			
NAME		STATUTORY REFERENCE	
MEETING DATE(S) (month/day/year)			
STREET ADDRESS	CITY	STATE	ZIP CODE

Authorized and actual expenses incurred

Expense	Account	Total
1. MILEAGE PRIVATE CAR MILES: _____ × _____ (current mileage rate)	411605	(1)
2. PARKING (Attach receipts – exception meter parking, must be annotated)		
3. MEALS (Lesser of actual cost incurred or maximum allowable per labor agreements)		
• Breakfast # DAYS: _____ × _____ (\$10.00 max) (Allowed if required to depart from home prior to 6 a.m.)		
• Lunch # DAYS: _____ × _____ (\$13.00 max)		
• Dinner # DAYS: _____ × _____ (\$19.00 max) (Allowed if unable to return home until after 7 p.m.)		
4. LODGING (Attach receipts)	411601	(2)
5. PER DIEM (If authorized by statute) # DAYS: _____ × _____ (amount)	410706	(3)
6. CHILD CARE REIMBURSEMENT (If authorized by statute, attach receipts)	430002	(4)
INVOICE TOTAL		

Vendor signature

I hereby certify that the services and/or expenses listed hereon have been rendered or incurred, are correct and just and that payment has not already been received.

VENDOR'S SIGNATURE	DATE
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DHS payment authorization (approved by)

PRINTED NAME AND TITLE	CHARGE TO EBFD H55
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I hereby certify that the services and/or expenses covered by this claim have been performed or incurred and are proper. Payment is therefore recommended.

SIGNATURE	DATE	PHONE NUMBER
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For accessible formats of this information or assistance with additional equal access to human services, write to DHS.info@state.mn.us, call 651-431-3794, or use your preferred relay service. ADA1 (2-18)