

Vendor's Invoice - Governor's Advisory Council on Opioids, Substance Use, and Addiction

Minnesota Management & Budget
400 Centennial Office Building
658 Cedar Street
St. Paul, MN 55155

Intro

- This invoice is to be used only by members of the Governor's Advisory Council on Opioids, Substance Use, and Addiction organized under the Minnesota Management and Budget (MMB) Office of Addiction and Recovery. **This invoice can be used for expenses incurred for ONE meeting only.**
- Council members may use this form within two weeks (14 days) following a council meeting date to request compensation for mileage, parking, meals, lodging, per diem, and/or childcare expenses.
- A detailed list of allowable expenses is provided in the Council Business Expense Reimbursement [Policy](#). Please review that document before completing this form.

Instructions

- Step 1: SAVE this PDF to your computer BEFORE you begin filling it out.
- Step 2: Enter the requested information on each page.
- Step 3: Digitally sign and save.
- Step 4: Email the complete, signed PDF and all accompanying documentation to catherine.rohde@state.mn.us.

If you prefer, you may mail your submission to: Minnesota Management and Budget Fiscal Services Unit, Attention: Accounts Payable at the address provided above.

Enter the date of the one (1) meeting you are requesting reimbursement for:	
Enter your first and last name:	
Enter your full mailing address:	
Enter your phone number:	
Enter your SWIFT #:	

A SWIFT vendor account is required to receive reimbursement. To request a SWIFT vendor #, go to the [Minnesota Supplier portal](#) and register for an account.

This section is to be completed by MMB Fiscal Services Unit staff only.

Date invoice received:	
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Review the requirements and provide the information below for the items you are requesting reimbursement for. All expenses require receipts or supporting documentation.

Other than mileage, quantity should always be entered as one (1).	Quantity	Unit Cost	Total
Mileage - Enter your total # of miles, round-trip, and attach proof of mileage.			
Parking - Enter your expense for Unit Cost and attach receipts.			
Breakfast - Enter your expense for Unit Cost (max \$10) and attach receipts.			
Lunch - Enter your expense for Unit Cost (max \$13) and attach receipts.			
Dinner - Enter your expense for Unit Cost (max \$19) and attach receipts.			
Lodging - Enter # of nights, \$ per night for Unit Cost, and attach receipts.			
Per diem - Authorized by Minnesota Statutes 2024, section 15.059.			
Childcare - Enter your expense for Unit Cost and attach receipts.			
Total Requested			

Requirements:

- When submitting proof of mileage, provide the shortest distance (round-trip), no matter the route traveled. Attach a PDF copy of the shortest route to your destination in a route planning application of your choosing.
- Meals are only allowed if you are in travel status.
- Breakfast is only allowed if you are required to depart from home prior to 6 a.m.
- Lunch is only allowed if it is not already provided.
- Dinner is only allowed if you are unable to return home until after 7 p.m.
- All reimbursements are subject to statute.

By signing below, you certify that:

- 1) You are a voting member of the Governor’s Advisory Council on Opioids, Substance Use, and Addiction;
- 2) The requests for compensation and/or reimbursement made on this form complies with the Policy;
- 3) The expenses you have listed on this form have been incurred, are correct, and payment has not already been received; and
- 4) If requesting childcare expense reimbursement, you certify that the expense would not otherwise been incurred.

SIGN AND DATE HERE			
Signature: _____	Date: _____		
Office of Addiction and Recovery representative			
Signature: _____	Date: _____		
Title: _____			
Fiscal Services Unit representative			
Signature: _____	Date: _____		
Fund: _____	Fin Dept: _____	Approp ID: _____	