MINNESOTA
OFFICE OF CANNABIS MANAGEMENT

Invoice for Grant Reimbursement

Invoice Date	
Billing Period	
Grant Program Name	
Grantee SWIFT Vendor Number	
Grantee Name	
Contact Name	
Remit to Address	
City, State, Zip	
Contact Phone	
Contact Email	

Expenses

Personnel			
Equipment			
Travel			
Training			
Supplies		Other Expense Details:	Amounts:
Contractual			
Administrative			
Other (enter on right)	$ 0.00		
Total		Total Other:	

Certification Section

By signing this report, I certify to the best of my knowledge and believe 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.

Guarantee 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.

Financial Status Report

SWIFT Contract Number _____

Grant Agreement Period _____

Financial Status Report Number _____

Itemized Expense	Budget Category	Starting Budget	Previous Invoices	Current Invoice	Remaining Budget
Total					

Proof of payment documentation that grantees should be prepared to provide include:

- Employee timekeeping and payroll records
- Copies of bank statements/photocopies of cleared checks
- Paid Invoices
- Additional certified financial records

Vendors and subcontractors

Grantees should follow contracting and purchasing requirements provided by the Office of Cannabis Management and the grant contract. Grantees should retain copies of executed subcontract agreements, bids, (if applicable), documentation of the rationale for subcontractor selection, etc. This documentation may be reviewed during the monitoring visit or when requested by the State.

Reimbursement Request Materials

Generally, reimbursement requests include an invoice, reimbursement spreadsheet, and additional reimbursement documentation if requested by the Office of Cannabis Management:

- **Invoice or payment request form**
  This document should include the name of the grant project, the SWIFT purchase order number or grant agreement number, the sequence of the request (for example, the first request would be #1), and the period of time the request covers.
- **Reimbursement spreadsheet**
  Many agencies choose to utilize a spreadsheet which helps track budget line items. This document incrementally tracks grant budget expenditures by budget categories. The spreadsheet is customized to reflect the grant budget, work plan, contract, and any amendments. Only approved budget items are eligible for reimbursement.
- **Reimbursement documentation as requested**
  If your budget includes a travel line item, information on miles traveled, meals, and receipts for overnight stays and parking will need to be submitted in the reimbursement request. Supplementary documentation required for reimbursement varies by granting agency and grant agreement. Some grant agreements may require the grantee submit copies of receipts, invoices, and time records (payroll) with a reimbursement request.

Any other questions can be addressed by contacting your grant coordinator or emailing grants.OCM@state.mn.us.