



City of Lakes

**City of Minneapolis  
Employment and Training Program  
Minneapolis Works Program  
COST REIMBURSEMENT INVOICE**

VE# _____	PO# _____
UT ACCT: _____	CODE _____
INV# _____	DATE _____
VO# _____	LOC# _____ SPC _____
AP CLERK _____	DATE PD _____

<b>SUB-RECIPIENT NAME</b>		<b>PROGRAM</b> Minneapolis Works Program (CDBG)	<b>INVOICE #</b>
<b>ADDRESS</b>		<b>MASTER CONTRACT #</b>	<b>FAN #</b>
		<b>FAN PERIOD</b> FROM: _____ TO: _____	
<b>CONTACT PERSON/PHONE NUMBER</b>		<b>INVOICE PERIOD</b> FROM: _____ TO: _____	

DESCRIPTION (cost categories)	FAN BUDGET	COST THIS INVOICE PERIOD	CUMULATIVE TOTAL
Service Delivery (attach expense detail)	\$	\$	\$
<b>TOTAL EXPENSES</b>	\$	\$	\$
<b>INCOME</b>		\$ ( )	\$ ( )
<b>NET PAYMENT-THIS INVOICE</b>		\$	

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete and accurate and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the federal award. I am aware that any false, fictitious or fraudulent information or omission of any material fact may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise.

<b>PREPARED BY:</b>	<b>DIRECTOR OF AGENCY:</b>
<b>SIGNATURE/DATE:</b>	<b>SIGNATURE/DATE:</b>

CITY USE ONLY		
<b>VENDOR NUMBER</b>	<b>INVOICE NUMBER</b>	<b>CITY PURCHASE ORDER (PO)#</b>
<b>TOTAL OF INVOICE</b>		<b>RECEIPT NUMBER</b>
line 1	line 2	<b>REQUISITION NUMBER</b>
line 3	line 4	
line 5	line 6	
<b>APPROVED BY Minneapolis Employment and Training Contract Manager</b>		<b>DATE</b>