



Appendix D: Reimbursement Invoice Spreadsheet							
REMIT TO:							
Minnesota Pollution Control Agency					Invoice #:		
Accounts Payable, 6th Floor					Invoice Date:		
520 Lafayette Road North					Invoice Period:		
St. Paul, MN 55155-4194				MPCA Contract Number:			
Project Title: FY 20 __ Surface Water Assessment Grant							
Name of Project: Fill in your project name.							
Project Manager Name: Fill in your name.							
MPCA Project Manager Name:							
Original Grant Amount	\$0.00						
10% Retainage Amount	\$0.00						
MPCA Grant Funds Available	\$0.00						
Project Budget	MPCA Grant Funds Available	MPCA Grant Funds Previous Invoices	MPCA Grant Funds This Invoice	Total MPCA Funds Expended	Total Remaining Balance	% Budget Expended	% Scope Completed
Objective 1: (Title)							
Task	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	
Task	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	
Task	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	
Task	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	
Objective 2: (Title)							
Task	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	
Task	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	
Task	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	
Task	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	
Objective 3: (Title)							
Task	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	
Task	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	
Task	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	
Task	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	
COLUMN TOTAL	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		