

## Example Invoice, Supporting Documentation Summary, and Supporting Documents

### MnDOT Safe Routes to School Invoice

**Recipient Information**

**Legal Name:** Special School District 0006 (South Saint Paul Public Sc  
**Remit to Address:** 104 5th Avenue S  
**City, State, Zip** South Saint Paul, MN 55075  
**SWIFT Vendor ID#:** 0000193607  
**Recipient Phone:** 651 - 457 - 9471

**MnDOT Contract Number** 1044266  
**Billing Period** 2/1/21 -2/28/21  
**Invoice Number** 8032020  
**Invoice Date** 3/1/21

**Recipient email:** lwelsh@sspps.org

Line items should be identical to those in the contract agreement.

		<u>COMMENTS</u>
Personnel - Internal	\$0.00	
Personnel - External	\$0.00	
Equipment and Supplies	\$2,578.20	
Printing/Promotion/Advertising	\$0.00	
Travel	\$0.00	
Other - specify	\$0.00	
Other - specify	\$0.00	
Other - specify	\$0.00	
<b>TOTAL</b>	<b>\$2,578.20</b>	

Billing period dates need to be in consecutive order, with no lapse between invoices, and cover the entire term of

Invoice numbers should be consecutive (1,2,3..) from invoice to invoice.

Invoice should be submitted in a timely fashion, consistent with dates in the contract.

Don't forget to sign and date the invoice!

**Requestor signature**

I certify that the statements contained on the invoice and its supporting documents are true and accurate and that I have not knowingly made a false or fraudulent claim, or used a false or fraudulent record in connection with this Invoice

As the Authorized Agent: I certify that the statements contained on this invoice, and its supporting documents are true and accurate and that I have not knowingly made a false or fraudulent record in connection with this Invoice. I understand that this Invoice is subject to audit.

Signature of Authorized Age: Lynne Welsh Date: 03/01/21

Print Name: Lynne Welsh Title: Assistant Business Manager

**MnDOT Project Manager signature**

As a MnDOT Project Manager: I have reviewed this Invoice and its supporting documentation for accuracy and completeness. I have verified that the expenditures included are consistent with allowable expenditures under the Grant Contract Agreement, and the Grantee is up to date on progress reporting as required.

Signature of Project Manager: \_\_\_\_\_ Date: \_\_\_\_\_

**Send invoice to:**  
 Dave Cowan  
 Safe Routes to School Coordinator  
[Dave.Cowan@state.mn.us](mailto:Dave.Cowan@state.mn.us)

Use the Support Document Summary for clarification of attached documentation and individual expenses.

**SUPPORT DOCUMENTATION SUMMARY**

Total Invoice Amount: \$ 2,578.20 (will autosum from other fields)	Organization Name:	Special School District 0006 (South Saint Paul Public School District)
	Claim Period:	2/1/21 - 2/28/21
	Contract #	1044266
	Contract Type	2020 Safe Routes to School Program

Double check correct contract number!

Categorize and summarize attached documentation (receipts, invoices, etc) under the relevant line item in the budget.

Personnel - Internal					
Staff Name	Rate	Hours worked	Labor Cost	Comments	
Personnel - Internal Total			\$ -	Nothing to report at this time	

Personnel - External					
Origin/Destination	Rate	Miles Travelled	Date	Total Trip Cost	Comments
Personnel - External Total				\$ -	

Equipment and Supplies					
Vendor	Employee Name	Reason for Meal being provided	Date	Amount	Comments
Helmets R US			2/16/21	\$ 497.25	Purchased 55 helmets to be apart of the traditional bike fleet.
The Hub Co-op			2/17/21	\$ 1,456.65	U-clocks for lock library strategy. Was able to purchase 27 locks to distribute across 3 sites
FullSoruce			2/17/21	\$ 624.30	Vets for traditional bike fleet safety and vests for WSB / Walking program
Equipment and Supplies Total				\$ 2,578.20	

Ensure documenta-tion amounts match what is on invoice cover sheet and support documentation.

Copies – list number of copies, rate, etc., if applicable.after the review.

Printing/Promotion/Advertising					
Purpose	Rate	# of copies	Rate	Print Costs	Comments
Printing/Promotion/Advertisin g Total				\$ -	Nothing to report at this time

When submitting for travel, include mile-age, rate and total amount.

Travel					
Description	Purpose	Mileage	Rate	Amount	Comments
Travel Total:				\$ -	Nothing to report at this time

Check for potential math errors with rate x quantity = total

Submit invoices for items purchased, services rendered, etc., ensuring they are within the contract term.

**Top Gear Inc. DBA Helmets R Us**

2705 PACIFIC AVE.  
Tacoma, WA 98402

PH (253) 627-2121 Fax (253) 572-4225  
Fed ID #26-0491227

**Invoice**

Date	Invoice #
2/16/2021	59912

**PAID**  
**02/16/2021**

Bill To	Ship To
South St Paul Schools Lynne Welsh 104 5th Ave S South St Paul MN 55075	South St Paul Schools Lynne Welsh 104 5th Ave S South St Paul, MN 55075

P.O. Number	Terms	Rep	Ship	Via	F.O.B.
	Due on receipt	21SCH	2/16/2021	UPS	

Quantity	Item Code	Description	Price Each	Amount
15	9SMRD	09 (V10N-A) Small Red Graphic Bike Helmet with Turnring	7.45	111.75
30	9MDBL	09 (V10N-B) Medium Blue Graphic Bike Helmet with Turnring	7.45	223.50
5	9LGSL	09 (V10N-C) Large Silver Graphic Bike Helmet with Turnring	7.45	37.25
5	9XLSL	09 (V10-D) X-Large Silver Graphic Bike Helmet with Turnring	7.45	37.25
55	Shipping cost Handling	Shipping Charges Handling	1.50 5.00	82.50 5.00
		Shipment Date: 02/16/2021 UPS Tracking # 1Z410EF80348354702; 1Z410EF80347553114; 1Z410EF80346984928		

<b>Total</b>		\$497.25
<b>Payments/Credits</b>		-\$497.25
<b>Balance Due</b>		\$0.00

THANK YOU FOR YOUR PAYMENT..PLEASE REMIT THE NEW BALANCE DUE..... SEE US AT [www.helmetsrus.net](http://www.helmetsrus.net)

Ensure the attached documentation amounts match what is on the Invoice and Support Documentation.

**From:** Welsh, Lynne lwelsh@sspps.org  
**Subject:** FW: Thank you for your Full Source order!  
**Date:** February 17, 2021 at 8:01 AM  
**To:** Olson, Sophie solson@sspps.org



FYI

**From:** Full Source <orders@fullsource.com>  
**Sent:** Wednesday, February 17, 2021 7:56 AM  
**To:** Welsh, Lynne <lwelsh@sspps.org>  
**Subject:** Thank you for your Full Source order!

This message came from an **External Source**. Please use proper judgment and caution when opening attachments, clicking links, or responding to this email.



## Thank you for your order!

Your order has been received and will be processed soon. Please review your order details below.  
 Sales Order#: [FS4509672-SO](#)  
 Date Purchased: Wednesday February 17, 2021

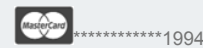
### Shipping address:

Lynne Welsh  
 South St Paul Public Schools  
 104 5th Avenue S  
 South St Paul MN 5505  
 United States

### Billing address:

Lynne Welsh  
 South St Paul Public Schools  
 104 5th Avenue S  
 South St Paul MN 5505  
 United States

### Payment Method:



<a href="#">OccuNomix ECO-GC Type R Class 2 Value Mesh Safety Vest - Orange</a>	<a href="#">OccuNomix ECO-GC Type R Class 2 Value Mesh Safety Vest - Yellow/Lime</a>	<a href="#">OccuNomix ECO-GC Type R Class 2 Value Mesh Safety Vest - Orange</a>	<a href="#">OccuNomix ECO-GC Type R Class 2 Value Mesh Safety Vest - Yellow/Lime</a>	<a href="#">OccuNomix ECO-GC Type R Class 2 Value Mesh Safety Vest - Orange</a>	<a href="#">OccuNomix ECO-GC Type R Class 2 Value Mesh Safety Vest - Yellow/Lime</a>
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Item#: OCCU-ECO-GC-O Sold By: Each (1 Vest) Size: 2XL/3XL \$5.49 x 10 \$54.90	Item#: OCCU-ECO-GC-Y Sold By: Each (1 Vest) Size: 2XL/3XL \$5.49 x 2 \$10.98	Item#: OCCU-ECO-GC-O Sold By: Each (1 Vest) Size: Large/XL \$5.49 x 20 \$109.80	Item#: OCCU-ECO-GC-Y Sold By: Each (1 Vest) Size: Large/XL \$5.49 x 30 \$164.70	Item#: OCCU-ECO-GC-O Sold By: Each (1 Vest) Size: Small/Medium \$5.49 x 15 \$82.35	Item#: OCCU-ECO-GC-Y Sold By: Each (1 Vest) Size: Small/Medium \$5.49 x 35 \$192.15
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**Subtotal:** \$614.88  
**Tax:** \$40.16  
**Shipping:** \$0.00  
**Total:** \$624.30

If you need assistance, please contact our Customer Service team at 1-800-975-0986 or via email at [info@fullsource.com](mailto:info@fullsource.com). Customer service hours are Mon. - Thur. 8:00am - 7:00pm and Fri. 8:00am - 6:00pm EST.

**From:** The Hub Minnehaha noreply@lightspeedhq.com  
**Subject:** The Hub Minnehaha Receipt For Order #717933  
**Date:** February 17, 2021 at 2:52 PM  
**To:** Sophie Olson (South Saint Paul Public Schools ) solson@sspps.org



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**The Hub Minnehaha**  
3016 Minnehaha Ave S  
Minneapolis, Minnesota 55406 United States  
612-729-0437

**Sales Receipt**  
02/17/2021 2:51 pm

Ticket: 220000717933  
Register: Minne Front North  
Employee: AK.  
Customer: Sophie Olson (South Saint Paul Public Schools )

**SPECIAL ORDERS**

**Kryptonite Series 2 LS\***

27	\$1456.65
Subtotal	\$1456.65
Total Tax	\$0.00
<b>Total</b>	<b>\$1456.65</b>
<b>Remaining Balance</b>	<b>\$1456.65</b>

Find The Hub Bike Co-op's Return and Exchange Policy at: [thehubbikecoop.org/returns](http://thehubbikecoop.org/returns). If you have further questions please email [thehub@thehubbikecoop.biz](mailto:thehub@thehubbikecoop.biz), call us, or visit during business hours.

Thank You Sophie Olson (South Saint Paul Public Schools )!

