

Reimbursement Payment Request (RPR) Guide

For First Payment Request:

1. Make sure to use the tab labeled "Invoice 1".

	830	Apprentice Supplies & Material
	830	Off-set Related Instruction Cost
<div style="display: flex; justify-content: space-around; border: 1px solid black; padding: 2px;"> Invoice 1 Invoice 2 Invoice 3 Invoice 4 </div>		
PAGE: 1 OF 1		

2. In Section 1, enter the reimbursement period in which the grant activity occurred.

SECTION 1:					
* VENDOR ID + REMIT TO LOCATION CODE (SWIFT): 0000123456-001		* GRANT NAME: MN Apprenticeship Initiative			
* VENDOR NAME: Washington Widget Company		* GRANT NUMBER: WASH2013MAI		SWIFT CONTRACT ID 123456	
REMIT TO ADDRESS: 1234 Capitol Street Saint Paul, MN 55101		GRANT PERIOD FROM: 10/1/2016		GRANT PERIOD TO: 6/30/2020	
		REIMBURSEMENT PERIOD FROM: 10/1/2016		REIMBURSEMENT PERIOD TO: 12/31/2016	
FORM PREPARED BY: Holly Folkers	PHONE: 651-259-7530	INVOICE NUMBER: 1		FINAL: YES [] NO [X]	
EMAIL: holly.folkers@state.mn.us		DEED PROGRAM CONTACT NAME: Carrie Fink		DEED PROGRAM CONTACT EMAIL: carrie.fink@state.mn.us	

3. Enter the name, phone and email address of the person preparing the form.

NOTE: the person preparing the form must be different than the authorized signature at the bottom.

SECTION 1:					
* VENDOR ID + REMIT TO LOCATION CODE (SWIFT): 0000123456-001		* GRANT NAME: MN Apprenticeship Initiative			
* VENDOR NAME: Washington Widget Company		* GRANT NUMBER: WASH2013MAI		SWIFT CONTRACT ID 123456	
REMIT TO ADDRESS: 1234 Capitol Street Saint Paul, MN 55101		GRANT PERIOD FROM: 10/1/2016		GRANT PERIOD TO: 6/30/2020	
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4. In Section 3, the Approved Budget – Not to Exceed is the total grant award amount. DO NOT change this amount.

SECTION 3:						
ACTIVITY ID	COST CATEGORY DESCRIPTION (PER APPROVED BUDGET)	A. APPROVED BUDGET	B. PREVIOUS REIMB. REQUEST	C. REIMB. REQUESTED THIS PERIOD	D. (B + C = D) TOTAL REIMB.	E. (A - D = E) AVAILABLE BALANCE
	Approved Budget - Not to Exceed	\$ 50,000.00	\$ -	\$ -	\$ -	\$ 50,000.00
830	Apprentice Supplies & Materials	\$ -	\$ -	\$ -	\$ -	\$ -
830	Off-set Related Instruction Costs	\$ -	\$ -	\$ 4,000.00	\$ 4,000.00	\$ (4,000.00)
830	Registered Apprenticeship Infrastructure	\$ -	\$ -	\$ 1,000.00	\$ 1,000.00	\$ (1,000.00)
		\$ -	\$ -	\$ -	\$ -	\$ -
	TOTAL	\$ 50,000.00	\$ -	\$ 5,000.00	\$ 5,000.00	\$ 45,000.00

5. In column C, enter the amount requested in the corresponding budget category. The formulas will calculate the total payment request and the remaining amount that is available.

SECTION 3:						
ACTIVITY ID	COST CATEGORY DESCRIPTION (PER APPROVED BUDGET)	A. APPROVED BUDGET	B. PREVIOUS REIMB. REQUEST	C. REIMB. REQUESTED THIS PERIOD	D. (B + C = D) TOTAL REIMB.	E. (A - D = E) AVAILABLE BALANCE
	Approved Budget - Not to Exceed	\$ 50,000.00	\$ -	\$ -	\$ -	\$ 50,000.00
830	Apprentice Supplies & Materials	\$ -	\$ -	\$ -	\$ -	\$ -
830	Off-set Related Instruction Costs	\$ -	\$ -	\$ 4,000.00	\$ 4,000.00	\$ (4,000.00)
830	Registered Apprenticeship Infrastructure	\$ -	\$ -	\$ 1,000.00	\$ 1,000.00	\$ (1,000.00)
		\$ -	\$ -	\$ -	\$ -	\$ -
	TOTAL	\$ 50,000.00	\$ -	\$ 5,000.00	\$ 5,000.00	\$ 45,000.00

6. In Section 4, the grantee's authorized official should review and sign the RPR.

NOTE: the authorized signature must be different than the person who prepared the form.

If submitting this form via email, without signature affixed below, place the statement above in the body of your email. By doing so, the sender of the email designates they are hereby authorized to provide approval of this request. Without a signature and/or statement included in the body of the email the form will be

Grantee Authorized Signature _____ Date _____

George Washington, CEO

Grantee Typed Name and Title _____

DEED Staff Authorized Signature _____ Date _____

Carrie Fink, Program Specialist

DEED Staff Typed Name and Title _____

7. Email the signed form to mai.grants@state.mn.us.

For Subsequent Payment Requests:

1. Navigate to the next blank tab available.
2. In Section 1, enter the reimbursement period in which the grant activity occurred.

SECTION 1:					
* VENDOR ID + REMIT TO LOCATION CODE (SWIFT): 0000123456-001		* GRANT NAME: MN Apprenticeship Initiative			
* VENDOR NAME: Washington Widget Company		* GRANT NUMBER: WASH2013MAI		SWIFT CONTRACT ID 123456	
REMIT TO ADDRESS: 1234 Capitol Street Saint Paul, MN 55101		GRANT PERIOD FROM: 10/1/2016		GRANT PERIOD TO: 6/30/2020	
		REIMBURSEMENT PERIOD FROM: 10/1/2016		REIMBURSEMENT PERIOD TO: 12/31/2016	
FORM PREPARED BY: Holly Folkers	PHONE: 651-259-7530	INVOICE NUMBER: 1			FINAL: YES [] NO [X]
EMAIL: holly.folkers@state.mn.us		DEED PROGRAM CONTACT NAME: Carrie Fink		DEED PROGRAM CONTACT EMAIL: carrie.fink@state.mn.us	

3. Enter the name, phone and email address of the person preparing the form.
NOTE: the person preparing the form must be different than the authorized signature at the bottom.

SECTION 1:					
* VENDOR ID + REMIT TO LOCATION CODE (SWIFT): 0000123456-001		* GRANT NAME: MN Apprenticeship Initiative			
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FORM PREPARED BY: Holly Folkers	PHONE: 651-259-7530	INVOICE NUMBER: 1			FINAL: YES [] NO [X]
EMAIL: holly.folkers@state.mn.us		DEED PROGRAM CONTACT NAME: Carrie Fink		DEED PROGRAM CONTACT EMAIL: carrie.fink@state.mn.us	

4. In Section 3, the formulas have carried forward previous payment requests and balances. Enter the current payment request in the corresponding budget category in column C.

SECTION 3:						
ACTIVITY ID	COST CATEGORY DESCRIPTION (PER APPROVED BUDGET)	A. APPROVED BUDGET	B. PREVIOUS REIMB. REQUEST	C. REIMB. REQUESTED THIS PERIOD	D. (B + C = D) TOTAL REIMB.	E. (A - D = E) AVAILABLE BALANCE
0	Approved Budget - Not to Exceed	\$ 50,000.00	\$ -	\$ -	\$ -	\$ 50,000.00
830	Apprentice Supplies & Materials	\$ -	\$ -	\$ 10,000.00	\$ 10,000.00	\$ (10,000.00)
830	Off-set Related Instruction Costs	\$ -	\$ 4,000.00	\$ -	\$ 4,000.00	\$ (4,000.00)
830	Registered Apprenticeship Infrastructure	\$ -	\$ 1,000.00	\$ -	\$ 1,000.00	\$ (1,000.00)
		\$ -	\$ -	\$ -	\$ -	\$ -
	TOTAL	\$ 50,000.00	\$ 5,000.00	\$ 10,000.00	\$ 15,000.00	\$ 35,000.00

5. In Section 4, the grantee's authorized official should review and sign the RPR.
NOTE: the authorized signature must be different than the person who prepared the form.

If submitting this form via email, without signature affixed below, place the statement above in the body of your email. By doing so, the sender of the email designates they are hereby authorized to provide approval of this request. Without a signature and/or statement included in the body of the email the form will be

 Grantee Authorized Signature Date
 George Washington, CEO

 Grantee Typed Name and Title

 DEED Staff Authorized Signature Date
 Carrie Fink, Program Specialist

 DEED Staff Typed Name and Title

6. Email the signed form to mai.grants@state.mn.us.