



Name of FI: _____
Address: _____
City, State, Zip: _____

Date Submitted: _____
Submitted By (print): _____
Quarter Ended: _____

INVOICE

Minnesota Department of Human Services, Department of Revenue

FINANCIAL INSTITUTION DATA MATCH AGREEMENT

Quarterly Matching Expense

If your institution uses a service bureau, please complete the following:

- a. Name of service bureau _____
- b. Service bureau fee for FIDM processing \$ _____

If your institution does not use a service bureau, please complete the following:

- a. Salary and Fringe \$ _____
- b. Non-salary Expenditures \$ _____

Total Quarterly Match/Extract Costs \$ _____

Financial Institutions are responsible for maintaining detail schedules supporting these expenditure claims for twenty-seven (27) months.

When requesting reimbursement, financial institutions must submit an invoice for their quarterly data matching within 15 days from the end of each calendar quarter.

Invoices should be sent to:

FIDM Invoice Clerk DHS-DOR, PO Box 64946 St. Paul, MN 55164-0946

DHS – DOR Accounting Information:

Amount: _____ Agency: _____ Doc
ID# _____ FY: _____ Pay #:
_____ Fund #: _____
Date: _____ Org.#: _____