

**Department of Environmental Protection
Actual Cost Contract Payment Request**

Date: _____

(Grantee)
Billing Period: _____

(Project Name and Number)
Billing #: _____

DEP Division: _____

DEP Program: _____

	<u>Project Costs This Billing</u>	<u>Cumulative Project Costs</u>
<u>Contractual Services</u>		
OoO-A040	\$ _____	\$ _____
<u>Grantee Labor</u>		
OoO-A041	\$ _____	\$ _____
<u>Employee Benefits</u>		
(_____ % of Salaries)	\$ _____	\$ _____
<u>Direct Purchases: Materials & Supplies</u>		
OoO-A042	\$ _____	\$ _____
<u>Grantee Stock</u>		
OoO-A043	\$ _____	\$ _____
<u>Equipment</u>		
OoO-A044	\$ _____	\$ _____
<u>Land Value</u>	\$ _____	\$ _____
<u>Indirect Costs</u>	\$ _____	\$ _____
(15% of Grantee Labor)		
<u>TOTAL PROJECT COSTS</u>	\$ _____	\$ _____

CERTIFICATION: I hereby certify that the above expenses were incurred for the work being accomplished in the attached progress reports.

CERTIFICATION: I hereby certify that the documentation has been maintained as required to support the project expenses as reported above and is available for audit upon request.

Project Administrator/Date

Project Financial Officer/Date

DEP USE ONLY

STATE FUNDING PARTICIPATION: _____%

Total project costs to date \$ _____

State Obligation to date \$ _____

State retainage (_____%) (\$ _____)

State obligation remaining \$ _____

State funds previously disbursed (\$ _____)

State funds due this billing \$ _____

Reviewed and approved by:

DEP Project Administrator/Date

Division Director or Designee/Date