Department of Environmental Protection
Contractual Services Purchases Schedule

_____ (Grantee)

_____ (Project Name and Number)

Billing Period:_____

Billing #_____

DEP Division:_____

DEP Program:_____

****

Contractor's Name & Contractor's License, Business License, or Contract Number**	Contractor Invoice Number & Date	Check Number & Date	Project Cost	General Description & Project Element

TOTAL: $_____

****If not applicable and cannot supply a license number, be prepared to provide justification in the event of an audit.**

CERTIFICATION: I hereby certify that the purchases noted above were used in accomplishing the project.

_____

Project Administrator **Date**

CERTIFICATION: I hereby certify that bid tabulations, executed contract, and other purchasing documentation have been maintained as required to support the costs reported above and are available upon request.

_____

Project Financial Officer **Date**