

**DEPARTMENT OF ENVIRONMENTAL PROTECTION
GRANTEE LABOR COST SCHEDULE**

Date

(Grantee)
Billing Period: _____

(Project Name and Number)
Billing # _____

DEP Division: _____

DEP Program: _____

Employee Last Name and Initials	Job Classification	Project Hours This Billing	Hourly Rate	Project Labor Cost	General Description and Project Element
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

TOTAL \$ _____

CERTIFICATION: I hereby certify that the above worked on the project as reflected.

CERTIFICATION: I hereby certify that the detailed time records, project activity records, payroll registers, and canceled warrants have been maintained as required to support the hours reported above and are available for audit upon request.

Project Administrator

Date

Project Financial Officer

Date