

**DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIRECT MATERIAL PURCHASES SCHEDULE**

Date: _____

(Grantee)
Billing Period: _____

(Project Name and Number)
Billing # _____

DEP Division: _____

DEP Program: _____

Vendor Name	Vendor Invoice Number and Date	Check Number and Date	Project Cost	General Description and Project Element
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TOTAL \$ _____

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

CERTIFICATION: I hereby certify that invoices, canceled checks and other purchasing documentation have been maintained as required to support the costs reported above and are available upon request.

Project Administrator Date

Project Financial Officer Date