DEPARTMENT OF ENVIRONMENTAL PROTECTION
GRANTEE EQUIPMENT COST SCHEDULE

_____
Date

_____ _____
(Grantee) (Project Name and Number)

Billing Period:_____ Billing #_____

DEP Division:_____ DEP Program:_____

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Equipment Description (Type and Use)	Project Hours This Billing	Rental Rates Or Cost	Equipment Rental Cost	Project Element Used For

TOTAL $ _____

CERTIFICATION: I hereby certify that the above equipment was used in accomplishing this project. Only actual operating hours have been reported for reimbursement of operating costs.

_____ _____
Project Administrator Date

CERTIFICATION: I hereby certify that the detailed equipment usage records, logs and other appropriate documentation have been maintained as required to support the hours of equipment used claimed above and are available for audit upon request.

_____ _____
Project Financial Officer Date