DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIRECT MATERIAL PURCHASES SCHEDULE Date:_____

_____ _____
(Grantee) (Project Name and Number)

Billing Period:_____ Billing #_____

DEP Division: _____ DEP Program:_____

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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.

_____
Project Administrator **Date**

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 Financial Officer **Date**