## Department of Environmental Protection Contractual Services Purchases Schedule

(Grantee) Billing Period:  DEP Division:					(Project Name and Number) # rogram:	
Contractor's Name & ( Contractor's License, N Business License, or Contract Number**	**************************************	Check Numb Date	oer &	**************************************	**************************************	
**If not applicable and car	anot supply a license	number be	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.			<b>CERTIFICATION:</b> 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 Administrator	Date	<u> </u>	Project	Financial Officer	Date	