## DEPARTMENT OF ENVIRONMENTAL PROTECTION GRANTEE EQUIPMENT COST SCHEDULE

		Date		
(Grantee) Billing Period:			Billing #_	(Project Name and Number)
DEP Division:		DEP Program:		
Equipment Description (Type and Use)	Project Hours This Billing	Rental Rates Or Cost	Equipment Rental Cost	Project Element Used For
		TOTAL \$	S	
<b>CERTIFICATION:</b> I hereby certify that used in accomplishing this project. Only been reported for reimbursement of open	y actual operating hours	have other appropr	riate documentation have been	ne detailed equipment usage records, logs and a maintained as required to support the hours available for audit upon request.
Project Administrator	Date	Project Finan	ncial Officer	Date