Department Of Environmental Protection
Contractual Services Purchases Schedule

(Grantee) (Project Name and Number)

Billing Period:_____ Billing #_____

DEP Division: Recreation and Parks DEP Program:_____

****

Contractor Name & Contractor's License, Business License, or Contract Number **	**Contractor Invoice Number and Date**	**Check Number and Date**	**Project Cost**	**General Description and Project Element**

**** If not applicable and can not supply a license number, be prepared to provide justification in the event of an audit.**

TOTAL $_____

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

Project Administrator **Date**

CERTIFICATION: I hereby certify that bid tabulations, executed contract, 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**

FPS-A040