



Florida Department of Environmental Protection
GRANTEE EQUIPMENT COST SCHEDULE

Required Signatures: **Adobe Signature**

Date: _____

Grantee: _____

Project Name and Number: _____

Billing Period: _____

Billing #: _____

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			\$	

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