Department Of Environmental Protection
Contractual Services Purchases Schedule

(Grantee) (Project Name and Number)

Billing Period:_____ Billing #_____

DEP Division: Recreation and Parks DEP Program: FRDAP

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Contractor Name	Contractor 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.

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 Administrator **Date**

Project Financial Officer **Date**

FPS-A040