DEPARTMENT OF ENVIRONMENTAL PROTECTION
GRANTEE LABOR COST SCHEDULE

_____
Date

_____ _____
(Grantee) (Project Name and Number)

Billing Period:_____ Billing #_____

DEP Division: Rec and Parks_____ DEP Program: FRDAP_____

****

Employee Last Name and Initials	Job Classification	Project Hours This Billing	Hourly Rate	Project Labor Cost	General Description and Project Element

TOTAL $_____

CERTIFICATION: I hereby certify that the above worked on the project as reflected.

_____ _____
Project Administrator Date

CERTIFICATION: I hereby certify that the detailed time records, project activity records, payroll registers, and canceled warrants have been maintained as required to support the hours reported above and are available for audit upon request.

_____ _____
Project Financial Officer Date

FPS-A041