



**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
<b>TOTAL</b>			<b>\$</b>	

**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**