



**Florida Department of Environmental Protection**

**ATTACHMENT C  
PAYMENT REQUEST SUMMARY FORM**

Required Signatures: **Adobe Signature**

Date: \_\_\_\_\_

Grantee \_\_\_\_\_

Project Name and Number \_\_\_\_\_

Billing Period: \_\_\_\_\_

Billing #: \_\_\_\_\_

DEP Division: \_\_\_\_\_

DEP Program: \_\_\_\_\_

	<b>Project Costs This Billing</b>	<b>Cumulative Project Costs</b>
<b>Contractual Services</b> DRP-116		
<b>Grantee Labor</b> DRP-117		
<b>Employee Benefits</b> ( _____ % of Salaries)		
<b>Direct Purchases: Materials &amp; Supplies</b> DRP-118		
<b>Grantee Stock</b> DRP-120		
<b>Equipment</b> DRP-119		
<b>Land Value</b>		
<b>Indirect Costs</b> (15% of Grantee Labor)		
<b>TOTAL PROJECT COSTS</b>	\$	\$

**CERTIFICATION:** I hereby certify that the above expenses were incurred for the work being accomplished in the attached progress reports.

\_\_\_\_\_  
**Project Administrator**

\_\_\_\_\_  
**Date**

**CERTIFICATION:** I hereby certify that the documentation has been maintained as required to support the project expenses as reported above and is available for audit upon request.

\_\_\_\_\_  
**Project Financial Officer**

\_\_\_\_\_  
**Date**