



Florida Department of Environmental Protection

GRANTEE LABOR COST SCHEDULE

Required Signatures: **Adobe Signature**

Date: _____

Grantee _____

Project Name and Number _____

Billing Period: _____

Billing # _____

DEP Division: _____

DEP Program: _____

Employee Last Name and Initials	Job Classification	Project Hours This Billing	Hourly Rate	Fringe Benefits Up to 40% (if applicable)	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