



Florida Department of Environmental Protection
CONTRACTUAL SERVICES PURCHASES SCHEDULE

Required Signatures: **Adobe Signature**

 Grantee

 Project Name and Number

Billing Period: _____

Billing # _____

DEP Division: _____

DEP Program: _____

Contractor Name & Contractor's License, Business License or Contract Number**	Contractor Invoice Number and Date	Check Number and Date	Project Cost	General Description and Project Element
TOTAL			\$	

**** If not applicable and cannot supply a license number, be prepared to provide justification in the event of an audit.**



Florida Department of Environmental Protection
CONTRACTUAL SERVICES PURCHASES SCHEDULE

Required Signatures: **Adobe Signature**

 Grantee

 Project Name and Number

Billing Period: _____

Billing # _____

DEP Division: _____

DEP Program: _____

Contractor Name & Contractor's License, Business License or Contract Number**	Contractor Invoice Number and Date	Check Number and Date	Project Cost	General Description and Project Element
TOTAL			\$	

**** If not applicable and cannot supply a license number, be prepared to provide justification in the event of an audit.**

CERTIFICATION: I hereby certify that the purchases noted above were used in accomplishing the project.

Project Administrator

Date

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 Financial Officer

Date