



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

**\*\* 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**