

**DEPARTMENT OF ENVIRONMENTAL PROTECTION
GRANTEE STOCK MATERIAL COST SCHEDULE**

Date

(Grantee)

Billing Period:_____

(Project Name and Number)

Billing # _____

DEP Division: _____

DEP Program:_____

[illegible]

TOTAL \$_____

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

CERTIFICATION: I hereby certify that invoices, canceled checks, and other purchasing documentation have been maintained as required to support the costs reported above and are available for audit upon request.

Project Administrator

Date _____

Project Financial Officer

Date _____