

Florida Department of Environmental Protection

GRANTEE LABOR COST SCHEDULE

Required Signatures: Adobe Signature

Date:						
Grantee				Project Name and Number		
Billing Period: DEP Division:				Billing # DEP Program:		

TOTAL

\$

CERTIFICATION: I hereby certify that the abor	ve worked on the project as reflected.	
Project Administrator	Date	
	ailed time records, project activity records, payroll registers and deed above and are available for audit upon request.	canceled warrants have been
Project Financial Officer	Date	