



Florida Department of Environmental Protection
DIRECT MATERIAL PURCHASES SCHEDULE

Required Signatures:

Date: _____

Grantee: _____

Project Name and Number: _____

Billing Period: _____

Billing Number: _____

DEP Division: _____

DEP Program: _____

Vendor Name	Vendor Invoice Number and Date	Check Number and Date	Project Cost	General Description and Project Element
TOTAL			\$	

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

Project Administrator

Date

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 upon request.

Project Financial Officer

Date