



**Oregon Department of Environmental Quality
SOLID WASTE GRANT AGREEMENT
PAYMENT REQUEST AND EXPENDITURE REPORT**



Submit with all Project Progress and Final Reports and to request reimbursement for eligible costs.

Recipient Name:	DEQ Grant Agreement #:
Project Name:	DEQ Project Officer :
Recipient Address: Recipient Project Officer Phone:	Report Period
	From:
	To:

Expenditure Summary	Grant Expenditures		Match Expenditures		Total Expenditures
	This Period	To Date	This Period	To Date	To Date
A. Personnel					
B. Professional Services					
C. Services & Supplies					
D. Capital Outlay (equipment, property, rolling stock, etc.)					
E. Other (include description)					
Total					

F. Total Amount of Grant \$ _____

G. Total Grant Money Received to Date \$ _____

H. Amount of this Request \$ _____

CERTIFICATION		
I certify that this report is true and correct to the best of my knowledge and that all expenditures and obligations reported herein have been made in accordance with the budget agreed upon and with other provisions contained in the Agreement.		
_____ Signature	_____ Title	_____ Date

DEQ USE ONLY Approved for Payment:			
_____ DEQ Project Officer	_____ Date	_____ DEQ Program Manager	_____ Date

See contract for mailing information.