

Invoice - Nonpoint Source Grants Program

Maine Department of Environmental Protection

Instructions: Complete items in the following box electronically (not by hand). Submit original invoice (no copies or email) to DEP Agreement Administrator.

Invoice Date: _____ Invoice ID: _____
PROVIDER: _____
(Project ID# - Invoice number e.g., #2013RT07-2)

Grantee Name: _____
Mailing Address: _____
City, State, Zip: _____
Project ID# _____ Project Title: _____

PAYMENT REQUESTED:

Total Expensed to Date: _____
Minus Prior Payments: _____
Amount This Invoice: _____ Check if Final Project Payment

GRANT AND MATCH SUMMARY:

Total Grant: \$ _____ Minus Spent to Date: \$ _____ = Grant Remaining \$ _____
Match Required: \$ _____ Minus Match to Date: \$ _____ = Match Remaining \$ _____

PROCUREMENT:

Were funds used for procurement? Yes _____ No _____
If yes, submit the 'MBE/WBE Utilization Report' form with this invoice.

CERTIFICATION:

Provider certifies that grant funds were expensed or costs were incurred on allowed activities and purposes in accordance with the Grant Agreement. Upon request by DEP, the Provider agrees to produce the source documents used to prepare this payment request.

Original Signature of Authorized Provider Representative: _____
Name Printed: _____ Title _____ Date _____

PAYMENT APPROVED BY:

Signature DEP Agreement Administrator: _____
Name Printed: _____ Date _____

FOR DEP USE ONLY	Date received from AA ___/___/___	Date forwarded to Admin ___/___/___
AdvantageME CT No: _____		
Vendor Code _____ Fund _____ Agency _____ Unit _____ SubUnit _____		
Object _____ Activity _____ SubActivity _____ Program _____ Amount \$ _____		