

DNR Accounting Dept., Return Copy To:

Kathleen Moench _____ Doc #: _____ Date: _____

Grantee: _____ CV: _____

Address: _____

City, State, Zip: _____

Fed ID #: _____

Attachment B

**DEPARTMENT OF NATURAL RESOURCES
FINAL PROJECT BILLING****For Programs:** LWCF REAP Habitat Stamp WRAC ATV Snowmobile **REAP Ed**

Project billings must be accompanied by all required documentation (invoices, canceled checks, deeds, etc.) covering expenditures included in the billing. If you have questions, please contact the Budget & Finance Bureau at 515-281-3013. Make additional copies as needed.

Grant Recipient: _____ Grant #: _____

Project Title: _____ Billing #: _____

Use the table below to list your budget items and the expenditures for each item. You should follow the budget items provided with your grant proposal as closely as possible.

| Budget Item | Budget Amount | Expenditures This Billing | "To Date" Item Expenditures |
|--|---------------|---------------------------|-----------------------------|
| Personnel (attach backup with category) | | | |
| Travel (attach backup with category) | | | |
| Supplies (attach backup with category) | | | |
| Other (attach backup with category) | | | |
| In-Direct (max of 10%) (attach backup with category) | | | |
| Totals | | | |
| Less Expenditures In Excess of Total Authorized Project Budget: | | | |
| Total "To Date" Expenditures: | | | |
| CLAIM REQUEST (___% OF "TO DATE" EXPENDITURES): | | | |
| LESS PREVIOUS PAYMENTS OF: | | | |
| TOTAL CLAIM TO BE PAID: | | | |

Land Acquisition- List each parcel separately by parcel #. Use purchase price or appraised value, whichever is the lesser.

I certify that this billing is correct and just based upon actual payment(s) of record by the grant recipient, and that the work and services are in accord with the approved grant.

Signature: _____ Date: _____

Print Name: _____

Title: _____ Fed ID#: _____