



**Illinois Department of Natural Resources
Grants Program**

**GRANTEE CONTRACTS, PURCHASES, AND FORCE-ACCOUNT ITEMS
NOT INCLUDING FORCE-ACCOUNT LABOR**

Project Number: _____ Project Title: _____
CLG Name: _____

For non-Force Account items, proof of payment (i.e., purchase orders, invoices, paid receipts, canceled checks) must be attached.

Date	Payee	Materials Purchased or Services Rendered	Cost Per Item	Quantity	Total Cost
TOTAL					

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal or State award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

Project Manager's Signature

Project Manager Name and Title

Date