State of Connecticut
Department of Economic and Community Development
Dry Cleaning Establishment Remediation Program
Detailed Schedule of Expenditures

Applicant
Establishment Name
Establishment Address
For the Period 04/01/08 to 09/30/08

Date Paid		Payee	Ck #	Non-DECD Funds		DECD Funds
		Totals				

Grantees Certification of the Schedule of Expenditures

* I hereby certify that the Schedule of Expenditures are, to the best of my knowledge and belief, a complete and accurate reporting of the State Assistance Project(s) entered into with the Department of Ecomomic and Community Development.

* It is further understood that the DECD has the right to recover any amounts that have not been properly expended in accordance with the Assistance Agreement and Project Financing Plan and Budget.

Applicant:

Printed Name and Title of Authorized Officer

Signature of Authorized Officer **Date**