



ITEMIZATION OF INVOICE EXPENDITURES

Section 319 and 205 Grant Programs

State Form 50067 (R2 / 7-25)
Approved by State Board of Accounts, 2025

INDIANA DEPARTMENT OF
ENVIRONMENTAL MANAGEMENT
MC65-44 SHADELAND
100 North Senate Avenue
Indianapolis, IN 46204-2251
Telephone: (317) 232-8603
www.idem.IN.gov

To: IDEM / OWQ / NPS

Contract number: _____

From: _____
(Grantee Name)

For Period Beginning: _____
and Ending: _____

Complete only one of the two reports (Optional Report A or Optional Report B). Send the completed form to your watershed specialist.
Optional Report A: Includes helpful subtotal guides.

This report must be itemized to show: date when rendered; by whom; budget line; itemization of service or product with cost per item, rate per hour, rate per mile, etc.; and invoice amount. Manually enter each task subtotal to auto-calculate the total amount.

Date (month, day, year)	By Whom Rendered	Budget Line	Itemization	Amount
			Task Subtotal:	\$
			Task Subtotal:	\$
			Task Subtotal:	\$
			Task Subtotal:	\$
			TOTAL:	\$

I hereby certify that the foregoing account is just and correct, that the items and amounts reported were used specifically for the above described project and that no part of same was used or claimed for any other project.

I certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate. I am aware that the provision of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences including, but not limited to violations of U.S. Code Title 18, Sections 2, 1001, 1343 and Title 31, Sections 3729-3730 and 3801-3812.

(Print Name and Title)

(Signature and Title)

(month, day, year)

(month, day, year)