Government of Alberta

Energy

INVOICE CONSOLIDATION CONCURRENCE FORM

Written concurrence (agreement) from all affected parties must be attached to the letter requesting Invoice Consolidation.

e Consolidator	
Royalty Client ID	Name of Royalty Client
Authorized Signature	Title of Authorized Person
Name of Authorized Person	Date
	Production Month (YYYY/MM)
We agree to consolidate invoices prod implications of invoice consolidation.	uced under our client name and ID and understand the royalty
Royalty Client ID	Name of Royalty Client
Authorized Signature	Title of Authorized Person
Name of Authorized Person	Date
	Production Month (YYYY/MM)
Effective the consolidation date, we ag name and understand the royalty impli	ree that individual invoices will not be produced under our company cations of invoice consolidation.
*If multiple business associates are to client are required.	be included in the consolidation, additional concurrences for each