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| OFS Company Name | INVOICE Invoice #Date: |
| licensee information: Licensee Name  Job Information  AFE Number  Representative Name  Contact Information | OFS contract information: Licensee OFS Contract No.  SRP Application No.: R  Representative Name  Contact Information |

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| Comments or special instructions: -*Invoice references costs incurred by infrastructure site ID, work activity or service provided, and matches application details.*  *-Licensee invoice approval includes signatory’s name, title, company name, and date of signature. Electronic signatures are acceptable. If using a stamp, please make sure the above items are clear.*  *-SRP grant funding does not cover G.S.T. on an invoice – make sure not included in payment amount requested.* |

| infrastructure Site id | activityType | description | field ticket or invoice no. | cost $ |
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|  | SUBTOTAL |  |
|  | G.S.T. |  |
|  | total |  |

Comments or special instructions:

-*Be sure to attach proof of payment for all sub-contractors – copy of (a) electronic transfer of funds with bank or other financial institution transaction numbers, (b) deposit transaction record, (c) processed/cleared cheque with bank endorsement information, or (d) document from the sub-contractor confirming payment receipt.*

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| Sub-contractor company name | invoice no. | Sub-contractor company name | Invoice No. |
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| licensee authorization | |
| Signer’s Name |  |
| Job Title / Designation |  |
| Authorization Signature |  |
| Date Invoice Signed |  |