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| OFS Company Name | INVOICEInvoice # Date:  |
| licensee information:Licensee Name Job InformationAFE NumberRepresentative NameContact Information | OFS contract information:Licensee OFS Contract No.SRP Application No.: RRepresentative NameContact 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 |  |