



Invoices submitted for claim work under the Survey Monument Restoration Program are to include the following:

Claim # 201500##

Invoice No. #####

Date of Invoice (Day, Month, Year)

Survey Firm Contact Information:

Name of Survey Firm \_\_\_\_\_
Address \_\_\_\_\_
Phone Number \_\_\_\_\_
Fax Number \_\_\_\_\_
Email address. \_\_\_\_\_

Statement of Work:

For provision of work for the re-establishment of primary survey monuments as part of the Survey

Plan Number. \_\_\_\_\_

Monument Restoration Program for the 2015 program year.

Table with 2 columns: Description and Amount. Rows include Part A, Part B, Applicable Tax GST @ 5%, and Total Amount.

Note: Please leave remaining space at bottom of invoice for ISC internal use