



Enhanced Forest Resource Inventory Knowledge Transfer & Tool Development Program

Final Invoice

Project Name:			
Project Number:			
Project Applicant(s):			
Name of Organization/Institution:			
Invoice Number:		Scheduled Date:	
Request to: Forestry Futures Trust Committee - admin@forestryfutures.com		Payee Name, Address and Phone Number:	
		Payee Business Number:	
Maximum Forestry Futures project funding approved for all fiscal years noted above:		\$	
Less payments received during fiscal year:	Principle Amount	HST	Total
	\$	\$	\$
FINAL AMOUNT DUE:	Principle Amount	HST	Total
	\$	\$	\$
<p>I hereby declare on behalf of _____ that this final invoice is for expenses that have been incurred for approved work completed on the above project as reported in the Progress Report.</p>			
<div style="display: flex; justify-content: space-between; align-items: flex-end; padding: 10px;"> <div style="width: 30%; border-top: 1px solid black; text-align: center;">Name of Authorized Person</div> <div style="width: 35%; border-top: 1px solid black; text-align: center;">Signature of Authorized Person</div> <div style="width: 20%; border-top: 1px solid black; text-align: center;">Date</div> </div>			