



Enhanced Forest Resource Inventory
Knowledge Transfer & Tool Development Program

Interim 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:	
Interim Request:	Principle Amount	HST	Total
	\$	\$	\$
I hereby declare on behalf of _____ that this Interim Request is for expenses incurred for approved work in accordance with the Project Authorization Form.			
_____		_____	_____
Name of Authorized Person		Signature of Authorized Person	Date