

STATUTORY HIRE INVOICE

In account with the Wildfire Management Branch

SUPPLIER NUMBER _____ SITE _____

 INVOICE NUMBER **E11-** _____

PERSONAL INFORMATION - PRINT CLEARLY

LAST NAME _____	FIRST NAME _____	INITIAL _____		
MAILING ADDRESS _____	CITY OR TOWN _____	PROVINCE _____	POSTAL CODE _____	
CONTACT PHONE NUMBER _____	SOCIAL INSURANCE NUMBER _____		ARE YOU UNDER 19 YEARS OLD? <input type="checkbox"/>	

EMERGENCY CONTACT INFORMATION

NAME _____
PHYSICAL ADDRESS _____
EMERGENCY CONTACT PHONE NUMBER _____

DATES/HOURS WORKED	FOR FINANCE USE ONLY					AUTHORIZATION				FOR FINANCE USE ONLY				FOR FINANCE USE ONLY				
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MONTH	DATE	WEEKDAY	START	STOP	FIRELINE POSITION		STANDBY	ONLY			KMS	OTHER	AUTHORIZATION		INCIDENT NO
					TOTAL PAYABLE HRS								STAT HIRE INITIAL	SUPERVISOR INITIAL	
					TOTALS										

WAGE CALCULATIONS			CODING DISTRIBUTION				
HOURS	RATE	SUBTOTAL	RESP	SERVICE LINE	STOB	INCIDENT #	AMOUNT
_____ X 1.0	_____	= _____					\$
_____ X 1.5	_____	= _____					\$
_____ X 2.0	_____	= _____					\$
_____ X 1.0	_____	= _____					\$
_____ X 1.5	_____	= _____					\$
_____ X 2.0	_____	= _____					\$
_____ X _____	\$8.00	= _____					\$
STAT HOLIDAY PAY							\$
EARNINGS SUBTOTAL							\$
4% HOLIDAY PAY							\$
TOTAL WAGES PAYABLE							\$
FOR FINANCE USE ONLY CALCULATIONS			VEHICLE				
COMPLETE ONLY IF THE PERSON NAMED HEREIN IS THE REGISTERED OWNER OF THE VEHICLE AND ELIGIBLE KMS APPLY							
CONTRACT/AMMENDMENT NO.							\$
TOTAL KMS	RATE	SUBTOTAL					\$
_____ X _____		= _____					\$
OTHER							\$
_____ X _____		= _____					\$
FUEL DED							\$
_____ X _____		= _____					\$
TOTAL VEHICLE PAYABLE		\$					\$

NOT NEGOTIABLE WAGE PAYMENT IS FOR TAXABLE EARNINGS ONLY AND PAID AS PER THE WILDFIRE ACT. CHEQUES WILL BE ISSUED IN FAVOUR OF THE PERSON NAMED IN THIS INVOICE

SIGNATURES

STATUTORY HIRE'S SIGNATURE _____	PRINTED NAME _____	EMPLOYEE NO _____	YYYY MM DD _____
QUALIFIED RECEIVER _____	PRINTED NAME _____	EMPLOYEE NO _____	YYYY MM DD _____
EXPENSE AUTHORITY _____	PRINTED NAME _____	EMPLOYEE NO _____	YYYY MM DD _____

COMMISSARY

COMMISSARY		COMMISSARY DISTRIBUTION				
FS76 ATTACHED	YES <input type="checkbox"/> NO <input type="checkbox"/>	RESP	SL	STOB	INCIDENT #	AMOUNT
				6933		\$ CR
COMMISSARY TOTAL						
\$ _____		EXTENSIONS COMPLETED BY: _____				

Certified that the amount to be paid is correct, is in accordance with appropriate statute or other authority for payment and/or contract, and where applicable, the work has been performed, the goods supplied, the services rendered and/or other conditions met.

TOTAL AMOUNT DUE (Wages+Vehicles-Commissary)	SIGNATURE _____
	YY MM DD _____

