BRITISH COLUMBIA | BC Wildfire Service

STATUTORY HIRE INVOICE

PERSONAL INFORMATION - PRINT CLEARLY

LAST NAME	FIRST NAME	MIDDLE NAME	
MAILING ADDRESS	CITY	PROV	POSTAL CODE
CONTACT PHONE NUMBER			

INVOICE NUMBER

E11-

SUPPLIER NUMBER	SITE

CONFIDENTIAL

DATES/HOURS WORKED — **FOR FINANCE USE ONLY** — **AUTHORIZATION**

MONTH	DATE	WEEKDAY	START TIME	STOP TIME	FIRELINE POSITION / TOTAL PAYABLE HRS		STANDBY	AT 1.0	AT 1.5	AT 2.0	KMS	OTHER	STAT HIRE INITIAL	SUPERVISOR INITIAL	INCIDENT NO
	TOTALS														

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

FOR FINANCE USE ONLY

WAGE CALCULATIONS

	RATE		SUBTOTAL
X 1.0		=	
X 1.5		=	
X 2.0		=	
X 1.0		=	
X 1.5		=	
X 2.0		=	
X		=	
		=	
		=	
		=	
		$	

FOR FINANCE USE ONLY **VEHICLE CALCULATIONS**

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		=	CR

TOTAL VEHICLE PAYABLE $

FOR FINANCE USE ONLY

CODING DISTRIBUTION

RESP	SERVICE LINE	STOB	INCIDENT #	AMOUNT
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$

SIGNATURES

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

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.

COMMISSARY

FS76 ATTACHED YES NO

COMMISSARY TOTAL $ CR

$

TOTAL AMOUNT DUE (Wages+Vehicles-Commissary)

COMMISSARY DISTRIBUTION

RESP	SL	STOB	INCIDENT #	AMOUNT
		6933		$ CR

EXTENSIONS COMPLETED BY:

SIGNATURE **YY MM DD**

FS67 HPR (CWS) 2018