Forest Enhancement Program

TREATMENT CLAIM

Communities, Land and Environment

FILE NUMBER	
APPLICANT'S NAME	
MAILING ADDRESS	
	POSTAL CODE

CLAIM NO.

ON BEHALF OF PRINCE EDWARD ISLAND DEPARTMENT OF COMMUNITIES, LAND AND ENVIRONMENT THAT THE TREATMENTS LISTED BELOW WERE DONE TO THE STANDARDS OF THE SCHEDULE OF RATES AND STANDARDS.

INSPECTED BY

STAFF I.D. DATE D M Y

This program is jointly funded by the Prince Edward Island Private Forestry Sector and the Government of Prince Edward Island.

COMMENTS

PROPERTY N°	STAND NO.	TREATMENT	TREATMENT CODE	AMOUNT COMPLETED	INCENTIVE RATE	TOTAL INCENTIVES	PLANTATION NO.	BILLING AMOUNT (# OF SEEDLINGS X $0.10)
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				•	•	•		•
						GST •		

PAYABLE TO

CONTRACTOR CODE

ADDRESS

POSTAL CODE

I AUTHORIZE THE PROVINCE TO PAY THE ABOVE NAMED DIRECTLY ON MY BEHALF (SIGN ONLY IF PAYABLE TO THIRD PARTY)

SIGNATURE DATE D-J M Y-A

TOTAL INCENTIVES •

CERTIFIED BY

PLS ENTRY SIGNATURE DATE D M Y

APPROVED FOR PAYMENT DATE D M Y

DISTRIBUTIONS

SECTION	OBJECT	PROGRAM	PROJECT	$

16FO15-43808

TO BE COMPLETED BY WOODLOT OWNER OR CONTRACTOR CONSULTANT:

I, or I on behalf of _____, certify that I have read and understand the Forest Enhancement Prgoram Schedule of Treatment Rates and Guidelines and that treatments being claimed have been duly complted in accordance with the standards prescribed therein. I understand that if a subsequent inspection reveals that the treatments, or a portion thereof, have not been completed according to standard, I agree to repay to the Government of PEI the amount received for that portion deemed sub-standard or incomplete.

_____ Or _____ *Date:* _____ *(dd/mm/yyyy)*

Signature of woodlot owner

Signature of contractor/consultant

GIS