



Itemized Statement of Account



CLAIM NUMBER		ICBC CONTACT					
COMPANY NAME			INVOICE NUMBER			INVOICE DATE (ddmmmyyyy)	
STREET ADDRESS			CITY		PROV.	POSTAL CODE	
ASSIGNMENT DATE (ddmmmyyyy)	FILE CLOSURE DATE (ddmmmyyyy)	REPORT DATE (ddmmmyyyy)	SUBJECT				
FIRM'S FILE NUMBER	ICBC SUPPLIER ACCT NO.	TOTAL APPROVED HOURS			GST REGISTRATION NUMBER		

#	SERVICE	TASK	DATE (ddmmmyyyy)	OPERATOR WHO PERFORMED SERVICES (first and last name)	RESOURCE #	RATE	HOURS	TOTAL
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								

CLAIM NUMBER	ICBC CONTACT		
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#	SERVICE	TASK	DATE (ddmmmyyyy)	OPERATOR WHO PERFORMED SERVICES (first and last name)	RESOURCE #	RATE	HOURS	TOTAL
26								
27								
28								
29								
30								
31								
32								
33								
34								
35								
SERVICE TOTALS								

Office & Miscellaneous

DESCRIPTION	NO. OF UNITS	COST PER UNIT	AMOUNT
Travel – km's			
Edited Video			
Additional Video/DVD			
Personal Property Search			
Corporate Search			
Land Title Search			
OFFICE & MISCELLANEOUS TOTALS			
			GST
			TOTAL CHARGES

Additional Comments