STATEMENT

STATEMENT DATE	ACCOUNT NO.

DATE PAID _____ CHEQUE NO. _____ AMOUNT _____

TRANS. DATE	INVOICE NO.	DESCRIPTION	AMOUNT	BALANCE
				TOTAL

QE 620-12

REMITTANCE ADVICE

STATEMENT DATE	ACCOUNT NO.

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

AMOUNT REMITTED $_____

IF PAYING BY INVOICE - PLEASE CHECK INDIVIDUAL INVOICES PAID

INVOICE NO.	AMOUNT
BALANCE DUE	TOTAL

Proof Proof Proof