



SCHEDULE "C"
FORM OF REQUEST FOR PAYMENT



version 1.3 2010-11-12 15:25:53

Request for Payment

Date: _____

Company Name (Cheque Payable to):			
Address:			
City:	Province:	Postal Code:	Date (dd/mm/yy):
Contact Name:	Phone:	FAX:	
Project Number:		GST / HST #:	

Payment request for :	
<input type="checkbox"/> Preliminary Engineering Study <input type="checkbox"/> First half of payment <input type="checkbox"/> Second half of payment <input type="checkbox"/> Detailed Engineering Study <input type="checkbox"/> First half of payment <input type="checkbox"/> Second half of payment <input type="checkbox"/> Energy Manager Incentive (EMI) <input type="checkbox"/> First payment (25% of EMI) <input type="checkbox"/> Second payment (50% of EMI) <input type="checkbox"/> Final payment (25 % of EMI)	<input type="checkbox"/> Project Incentive <input type="checkbox"/> Advance Payment <input type="checkbox"/> First 25% less 2.5 % <input type="checkbox"/> Second 25% less 2.5 % <input type="checkbox"/> Third 25% less 2.5 % <input type="checkbox"/> Fourth 25% less 2.5 % <input type="checkbox"/> Balance payment <input type="checkbox"/> Deferred Payment <input type="checkbox"/> First 1/3 less 10 % <input type="checkbox"/> Second 1/3 less 10% <input type="checkbox"/> Third 1/3 less 10 % <input type="checkbox"/> Balance payment <input type="checkbox"/> Project installation confirmed by _____ an employee of _____ <input type="checkbox"/> Monitoring and Targeting Incentive (MTI) <input type="checkbox"/> First payment (50% of MTI) <input type="checkbox"/> Second payment (50% of MTI)

INVOICING: List of supporting invoices from participant					
Vendor Invoice #	Invoice Date	Date invoice paid	Vendor	Description	Amount

Comments: <input style="width: 90%;" type="text"/>	Sub Total:	<input style="width: 95%;" type="text"/>
Completed by: _____	HST:	<input style="width: 95%;" type="text"/>
(name)		
(signature)	(Company Name)	Grand Total:
(Date)		<input style="width: 95%;" type="text"/>
		<input type="button" value="Print Form"/>