Applicant Name- If proprietor, surname first. If incorporated, full legal corporate name.

Doing Business As - (i.e. trade or firm name if applicable)

Mailing Address

City	Province	Postal Code	( ) Telephone No.
			( ) Fax No.

Claim Period

From yy-mm-dd

To yy-mm-dd

CTPB - BAD DEBT WRITE OFF REFUND CLAIM WORKSHEET

ACCOUNT NAME:

BAD DEBT WRITE-OFF DATE:

INVOICE DATE	INVOICE #	INVOICE AMOUNT	PYMTS	CLEAR GAS			CLEAR DIESEL			MARKED GAS			MARKED DIESEL			GVTT - GAS			GVTT - DIESEL			BCTT - GAS			BCTT - DIESEL			Total
				LITRES	RATE	TAX	LITRES	RATE	TAX	LITRES	RATE	TAX	LITRES	RATE	TAX	LITRES	RATE	TAX	LITRES	RATE	TAX	LITRES	RATE	TAX	LITRES	RATE	TAX	
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NET W/O		-																										
PARTIAL PYMNT		-																										
NET REFUND CLAIM AMOUNT:																												