| | MERCIAL INV | | | | |
|-------------------------|-----------------|-------------------------------|--------|---------------------|----------------------|
| SHIPPER: | 1 | CONSIGNE | E: | | |
| VENDOR NAME | | PRODUCTION NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY, STATE | Number of boxes | CITY, PROVINCE | | | |
| ZIP | | POSTAL CODE | | | |
| CONTACT | | CONTACT | | | |
| PHONE | Total weight | PHONE | | | |
| | | | | | |
| VENDOR'S INVOICE NUMBER | | PRODUCTION DEPARTMENT PO#: | | | |
| | | | | | |
| | | 1 | | | |
| | WHAT ITS MADE | WHERE | NUMBER | UNIT REPLACEMENT | TOTAL REPLACEMENT |
| ITEM DESCRIPTION | | ITS MADE | | VALUE | VALUE |
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ARE THESE PURCHASES OR RENTALS?

LEAVING CANADA AFTER FILMING?

PAGE TOTAL \$ CURRENCY

SHIPMENT TOTAL \$

Full name:

I hereby certify that the information given above and on the continuation sheet(s), if any, is true and complete to the best of my knowledge