



# 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 VENDOR NO.	TOTAL APPROVED HOURS			GST REGISTRATION NUMBER		

#	SERVICE	DATE – FROM (ddmmmyyyy)	DATE – TO (ddmmmyyyy)	OPERATOR(S) and RESOURCE NUMBER(S) OF WHO PERFORMED SERVICES (first name, last name, resource number)	RATE	HOURS	TOTAL	
1								
2								
3								
4								
5								
6								
7								
8								
<b>SERVICE TOTALS</b>								

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**Office & Miscellaneous**

DESCRIPTION	NO. OF UNITS	COST PER UNIT	AMOUNT	TOTAL
Travel Distance – km's				
Travel Time – Hours				
Edited Video Flat Fee				
Additional Video/DVD				
Personal Property Search Expense				
Corporate Search Expense				
Land Title Search Expense				

**OFFICE & MISCELLANEOUS TOTALS**

**GST**

**TOTAL CHARGES**

**Additional Comments**