

# WIP Reimbursement - Invoice Package Summary

Licence: Well Facility

Defunct WIP Name:

Total Actual Expenditures:

Minus Total Salvage Revenue:

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Subtotal:

Defunct WIP Percentage:

Reimbursement Amount:

**Declaration:**

I confirm that:

All closure work has been completed in accordance with all applicable regulation.

IRIS has been updated with the work completed and the closure work is reflected in the licence status.

All invoices submitted have been paid in full.

All information submitted is true and accurate to the best of my knowledge.

Signature:

Date:

Name:

Company:

Email Address:

Phone Number: