SCHEDULE "B"



FUNERAL HOME INVOICE

confirmation of plot, of which were previous	opening and closing (e.	excludes City of Winnip Repartment. No other cl	eg, Municipal c	e Funeral Home Statement of I emeteries), and any additional ade by the supplier against any	l costs
Name of Funeral Home		Li	License Number:		
Full Name of Deceased:					
Place and Date of D	eath:		Date of Birth	(day)/(month)/(year)	
	rovided by the Funer				
Type of Service:		Cremation (Viewing Cremation (No View - Cremation			
Casket Cost/Cremation Container Cost:					
Cremation Costs:					
Transportation Costs: (after 64km) From to = kilometers					
\$ X	total kilometer	rs traveled = Transp	oortation Costs	i	
Cemetery Costs: (Attach Receipts)				
Location of E Lot/Plot Actu Opening/Clo Additional Co	al Cost				
	Total Cemetery Cos	sts:			
Additional Costs Re	equiring EIA Director/	/Designate approval:	(please detail)	
Freight/Ship Outer Shell Hermetically Oversized Ca Transportatio Clergy Other (Please	Sealed Container asket on		-		
Total additio			_		
	<u>TOTAL FE</u>	<u>:ES:</u>			
Certified By:	(Signature) 7863847.	On	(Date)		
Where Manitoba Jobs and the Economy contracts with a funeral director for funeral services provided under the					
Program, Manitoba J	obs and the Economy	is entitled to purchase	e services witho	ut paying GST.	

OFFICE USE ONLY

AUTHORIZED BY: _____

DATE: _____