Cost Analysis and Reporting Enhancement (CARE)
Transportation Costs - In-Situ Projects

TRANSCST

Filed Quarterly

Stream : _____

OSR Project Numbers and Names: [List OSR# (Project Name) applicable to the stream]

Operator Name: [Enter Name of Operator]

Operator ID: [Enter Operator ID]

For the Period: YYYY MM DD to YYYY MM DD

Month	Mode of Transportation	Origin	Destination	Product	Transported Volume (m3)	Transportation Costs (C$)	Includes Diluent return? (Yes/No)

Notes: