

THIS IS SCHEDULE "B" TO THE MONTHLY STATEMENT AGREEMENT FOR

NAME OF CLIENT

Department of Energy Monthly Statement – Adjustment Request Form

Statement Number:

Statement Date:

Client Name:

Activity ID:

Amount of Monthly
Statement Charges:

Amount
Charges
should be:

Reason for Requested:
Adjustment(s):

Date Requested:

Requested by:

Phone Number:

Fax Number:

NOTE: This Adjustment Request Form is NOT to be used to adjust charges related to Acquisitions and Divestitures.

The client responsible for payment is the client on the address for service (designated representative) or the authorized payor on record with the Crown at the time the monthly statement is created.

Please attach any backup documentation that may be required in order for the Crown to assess the merits of the requested adjustment.

Mail to: Department of Energy
Financial Systems
12th Floor, Petroleum Plaza, North Tower
9945 – 108 Street
Edmonton, Alberta T5K 2G6

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