

Completed By:

S.Form F021 Rev. 002

Date Issued: 12/09/14

Approved By:

Whe Melly

Timber Supplier Form Date: Consultants Name: Name: Address: Address: Town: Town: County: County: Tel No: ____ Tel No: Mob No: _____ Mob No: _____ Email: Email: **Standing Timber Detail Timber Measurement** Location: Volume: ____ Year Planted: Avg Tree: No. of Acres/Hectares: Mean DBH: Species: Additional Info: Management Stage: _____ Felling Licence No.: **Roadside Timber Detail Product Cut Length** Pallet Volume: 2.5 Volume: _____ 3.1 Volume: _____ Sawlog Volume: 3.7 Volume: 4.9 Volume: _____ Standing Price: Price by Product Price by Cut Length Pallet Price: 2.5 Price: _____ Sawlog Price: 3.1 Price: 3.7 Price: 4.9 Price: VAT Number: Lot Pricing Sheet Invoicing (Standard/ Copy of Felling Self Bill) Licence Received Payment Terms Signed Contract Deposit Required

Date