



SPECIFIED HELP DECLARATION FORM

I, _____ of _____, NL
NAME ADDRESS

required the essential help of:

_____ of _____, NL
NAME ADDRESS

TELEPHONE NUMBER

to accompany me in my prospecting activities

on _____
DATE(S)

for a total of _____ day(s).

The person was paid (**maximum \$25/day**): \$ _____ for labor.

Meals were provided at a cost of (**maximum \$30/day**): \$ _____.

Or the person was reimbursed (**maximum \$30/day**): \$ _____ for meal purchases.

APPLICANT SIGNATURE

DATE

HELPER SIGNATURE

DATE