



# ABORIGINAL FISHERIES FISH SLIP

OFFICIAL USE ONLY	
FISH SLIP NUMBER	
COMPANY CODE	

HARVESTER'S NAME
HARVESTER'S ADDRESS

BUYER NAME
BUYER ADDRESS
BUYER PHONE

AREA OF CATCH	DAYS FISHED
<b>TOTAL</b>	
TRIP LENGTH IN DAYS	

PLANT, PACKER, COLLECTOR
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LANDING SITE LOCATION
LANDING SLIP #
DESIGNATION #

GEAR			
GILLNET	<input type="checkbox"/>	SEINE	<input type="checkbox"/>
TROLL ICE	<input type="checkbox"/>	TROLL FREEZER	<input type="checkbox"/>
OTHER _____			

BAND
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LANDING DATE	DD	MM	YYYY

PIECES	WEIGHT		SPECIES	FORM			PRICE	VALUE
	<input type="checkbox"/> lbs	<input type="checkbox"/> kg		ROUND	DRESSED	OTHER		
			SOCKEYE	<input type="checkbox"/>	<input type="checkbox"/>			
			COHO	<input type="checkbox"/>	<input type="checkbox"/>			
			PINKS	<input type="checkbox"/>	<input type="checkbox"/>			
			CHUM	<input type="checkbox"/>	<input type="checkbox"/>			
			RED SPRING	<input type="checkbox"/>	<input type="checkbox"/>			
			WHITE SPRING	<input type="checkbox"/>	<input type="checkbox"/>			
			JACKS (SPRING)	<input type="checkbox"/>	<input type="checkbox"/>			
			#2 SPRING	<input type="checkbox"/>	<input type="checkbox"/>			
				<input type="checkbox"/>	<input type="checkbox"/>			
				<input type="checkbox"/>	<input type="checkbox"/>			
				<input type="checkbox"/>	<input type="checkbox"/>			
				<input type="checkbox"/>	<input type="checkbox"/>			
				<input type="checkbox"/>	<input type="checkbox"/>			
				<input type="checkbox"/>	<input type="checkbox"/>			
				<input type="checkbox"/>	<input type="checkbox"/>			

BOOK   
CASH

**TOTAL** \_\_\_\_\_  
 MARKETING COUNCIL LEVY \_\_\_\_\_  
 EMPLOYMENT INSURANCE \_\_\_\_\_  
 CASH \_\_\_\_\_  
 CREDIT TO \_\_\_\_\_

I certify that the above information is complete and correct

Harvester's signature

Tallyman's signature