



**Form (4)**

**Furniture, Furnishing and Equipment**

Number	Declaration	Invoice Number	Invoice Date	Invoice Type (Local, Clearance, Custom Declaration)	Total Expenses (Capital Costs)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
	<b>Total</b>				
				<b>Total Average</b>	