OMB Approval No. 2133-0514
Ref. 46 CFR Part 382.2(c)
Expiration Date: 10/31/2013

Post Voyage Report

Vessel:					
Discharge Port(s):					
Cargo:	Quantity				
ROUND-TRIP VOYAGE ITINERARY:					
e of Time of	Port/Canal				
ival <u>Departure</u>	<u>Expense</u>	Comments			
	Discharge Po Cargo: OYAGE ITINERARY: he of Time of	Discharge Port(s): Cargo:Quantity OYAGE ITINERARY: he of Time of Port/Canal			

CARGO EXPENSE:			. .
Item of Expense	Amount		Comments
Cleaning:			
Stevedoring Load:			
Elevators:			
Stevedoring Discharge:			
Equipment (specify):			
Lightening:		Cost/MT	MT
Other (specify):			

I hereby certify that I have carefully examined the foregoing report and to the best of my knowledge and belief the information contained herein is true, accurate and complete.

FORM MA-1026 (5/2013)