OMB Approval No. 2133-0514
Expires 04/30/2018
Ref. 46 CFR Part 382.2(c)

Post Voyage Report

Vessel:					
Discharge Port(s):					
Cargo:	Quantity				
ROUND-TRIP VOYAGE ITINERARY:					
Time of Port/Car	nal				
Departure Expense	Se Comments				
	_Discharge Port(s): _Cargo: IERARY: Time of Port/Car				

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 (4/01)