|  |  |
| --- | --- |
| Vessel Name : | Date : |
| Voyage No. : | From : To : |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Job Completed | Date | Commenced Time | Completion Time | Charter(s) |
| Loading |  |  |  |  |
| Off Loading |  |  |  |  |
| Lashing |  |  |  |  |
| Unlashing |  |  |  |  |

**\*KINDLY PUT “X” MARK IN THE CORRESPONDING BOX FIELD\***

Number of crew participated:

Name of the crew participated:

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr.No** | **Name** | **Rank** | **Sign** |
|  |  |  |  |
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|  |  |  |  |

Master Chief Officer

**For Office Use Only**

|  |  |  |
| --- | --- | --- |
| lashing /unlashing | AED |  |
| Rigging | AED |  |
| Total | AED |  |

Reviewed and approved by: Operations Manager

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Note: Original : Accounts Dept I Copy: Crewing, Operations, & Commercial Dept.’s**