|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| WEEK START/END DATES: |  | FACILITY: |  | WO# |  | ITEM: |  |
|  |  |  |  |  |  |  |
| COMPANY/ORGANIZATION: |  | LOCATION(PIER/DD#): |  | MONTH/YEAR: |  |
|  |  |  |
| NAME(PERSON COMPLETING THIS FORM): |  | SHIP NAME: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type/Size of Unit** **(including brake horse power)** | **Fuel Type** | Model/Year | **Amount Used (Gal)** | **Owner of Equipment (*i.e.*, rental company name and Contractor)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Form must be filled out daily and turned in weekly to Lucille Stokes (lstokes@nassconorfolk.com). NEGATIVE REPORTS ARE REQUIRED.

Please email completed form by Monday NLT 1000 for the previous week’s fuel usage. At the end of the month, the report for any fuel used that week is due by the last calendar day of the month (or, if fuel used on last day, submit form NLT the 1st day of the next month by 1000.

Certified Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_