

## MONTHLY REPORT

Name:

Ship:

IMO no.:

Rank:

Month	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Please fill in the date and the number of worked hours.

### TRAVEL COSTS AND OTHER EXPENSES

Date	Means of transport	From/to	Car-kms	€ 0,23/ Km	Costs	Explanation of the (travel) expenses

### ADVANCES:

Description	Cash	Bonded stores	Others
Departure from home:	Date:	Time:	Departure from board at:
Arrival on board at:	Date:	Time:	Arrival home:

**Final payment of the wages will only take place against delivery of this form.**

**Please e-mail the signed monthly report before the 3<sup>rd</sup> day of the new month to [info@deltamarinecrewing.nl](mailto:info@deltamarinecrewing.nl)**

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

Place : \_\_\_\_\_

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

Approval of the Captain or his representative  
for the worked days, hours and advances.  
Signature and stamp: \_\_\_\_\_

