

ANTIGUA PORT AUTHORITY

P.O.Box 1052
St. John's Antigua, W.I.

INVOICE

INVOICE No.: _____

Date: _____

BERTH: _____

FOR SERVICES RENDERED

ACCT. NO.	SERVICES	AMT. DUE
	Vessel _____ Port Log No. _____	\$
	Date Arr. _____ Sld. _____ Port Hours _____	
	Pilotage In _____	
	Out _____	
	Towage In _____	
	Out _____	
	Harbour Dues _____ G.R.T. _____	
	Penalty Time _____	
	Light Dues _____ G.R.T. @ _____	
	Tonnage Dues _____ Tons @ _____	
	_____ Tons @ _____	
	Handling _____ Tons @ _____	
	_____ Tons @ _____	
	_____ Tons @ _____	
	Miscellaneous _____	

