

2003 ATLANTIC HIGHLY MIGRATORY SPECIES TRIP SUMMARY FORM

NMFS USE Only Received Date Schedule #
 203023346

Vessel Name: _____

Vessel Number: _____

Contact Phone/Number: (____) _____

Contact Name (Please Print): _____

I certify the information contained on this form is accurate and complete to the best of my knowledge:

Captain Signature: _____

Captain Name (Please Print): _____

Port & State of Departure: _____

Port & State of Landing: _____

Dealer Names: _____

	Month	Day	Year
Date of Departure	<input type="text"/>	<input type="text"/>	/ 2003
Date of First Set	<input type="text"/>	<input type="text"/>	/ 2003
Date of Last Set	<input type="text"/>	<input type="text"/>	/ 2003
Date of Landing	<input type="text"/>	<input type="text"/>	/ 2003
First Day Offload	<input type="text"/>	<input type="text"/>	/ 2003
Number of Sets	<input type="text"/>	<input type="text"/>	
Number of Crew Members (excluding captain)	<input type="text"/>	<input type="text"/>	
State Trip Ticket #:	_____		

TRIP EXPENSE & PAYMENT SUMMARY (Mandatory, if selected; otherwise voluntary)

	Unit Cost		Quantities Used
Fuel	Price per gallon \$ <input type="text"/>	Gallons used	<input type="text"/>
Bait	Trip cost \$ <input type="text"/>	Pounds <input type="text"/>	and/or Count <input type="text"/>
Light Sticks	Price per stick \$ <input type="text"/>	Light Sticks used	<input type="text"/>
Ice	Price per unit \$ <input type="text"/>	Quantity of Ice	<input type="text"/>
		Unit of Ice: Tons? <input type="text"/>	Blocks? <input type="text"/> Pounds? <input type="text"/>
Grocery Expenses			\$ <input type="text"/>
Total Shared Costs (Includes only those costs subtracted from gross revenues to calculate crew payments. See instructions.)			\$ <input type="text"/>
Other Trip Costs (Other costs incurred on this trip, excluding items listed elsewhere on this trip summary form. See instructions.)			\$ <input type="text"/>
Crew Shares			Percent Share
		Owner	<input type="text"/> %
		Captain	<input type="text"/> %
		Crew Average	<input type="text"/> %
Broker/Selling Expense \$ <input type="text"/>	OR	Broker Percentage <input type="text"/> %	By Revenue? <input type="text"/> or By Weight? <input type="text"/>
Captain License Number: _____		State	<input type="text"/>