CLEAN VESSEL ACT
INVOICE CHECKLIST AND SUBMITTAL FORM

(This form must be submitted as a cover page whenever you send invoices in for reimbursement)

To: Massachusetts Clean Vessel Act Program
From: _____
Address: _____
_____ MA _____
Telephone #: _____

Date: ____/____/_____

No invoice will be reimbursed unless it:

1. Is dated between the start and finish dates of the contact
2. Is signed
3. Is numbered
4. Is marked "Paid"
5. Is clearly related to the CVA Program. (Ask your vendor to state the product or service the invoice is for, or write it in yourself)
6. Is submitted prior to July 31 for the preceding fiscal year, and
7. Is submitted with a running total # of boats and gallons pumped for the season

INVOICE FROM (VENDOR'S NAME)	INVOICE AMOUNT	INVOICE DATE	CHECK IF SIGNED (✓)	CHECK IF NUMBERED (✓)	CHECK IF PAID (✓)	CHECK IF PROPERLY IDENTIFIED AS CVA EXPENDITURES (✓)

Invoice Total **$_____**

Labor Total **$_____**

Total # of Boats: _____ Total # of Gallons: _____

Signed _____ Date _____