MASSACHUSETTS DIVISION OF MARINE FISHERIES – CLEAN VESSEL ACT PROGRAM **DAILY NARRATIVE REPORT**

Facility Name:			_ Payroll Cycle (circle one):		Weekly	Bi-weekly	Monthly		
NOTE: Please submit one copy of this document with your request for reimbursement together with the evidence that each employee identified was actually paid during the period covered below (such as copies of payroll stubs, payroll warrants or other documentation). Although pumpout operators may be paid more than \$16/hr at your location, we can only reimburse 75% of a maximum of \$16/hr. In addition to the above documentation, please include a signed copy of the Affidavit , certifying that the work performed below was for the MA-CVA pumpout program. Work week begins on a: SUN MON TUES WED THUR FRI SAT and ends on a: SUN MON TUES WED THUR FRI SAT									
(circle one)			THUR FRE SAT and ends on a: SUN MOI			(circle one)	HUR FRI SAI		
Date	Employee's Name	Hrs. Worked On Fed. Aid Project	Rate/Hour	Work Ac	ccomplished o	n Federal Aid l	Project		