

# MASSACHUSETTS CLEAN VESSEL ACT (MA-CVA) SUBMITTAL FORM AND INVOICE CHECKLIST

*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 #: \_\_\_\_\_

Email: \_\_\_\_\_

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



**No submittal will be reimbursed unless it:**

1. Is clearly identified and related to the CVA Program.
2. Is submitted prior to February 28<sup>th</sup> for the preceding year
3. Is submitted with a pumpout log and total number of boats and gallons pumped for the season
4. Is submitted with an affidavit to accompany the **daily** narrative report

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

**Invoice Total**         \$ \_\_\_\_\_

**Labor Total**         \$ \_\_\_\_\_ (Include supporting payroll documentation)

**Total # of Boats:** \_\_\_\_\_ **Total # of Gallons:** \_\_\_\_\_ **Boating Season (dates):** \_\_\_\_\_

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_