

PORT OF SAN FRANCISCO

Pier 1, The Embarcadero
San Francisco, CA 94111
415-274-0400
Email: sfberthapps@sfport.com



<u>For Port Use</u>
Visit ID: _____
Gen ID: _____
Agreement No. _____

CRUISE WHARFAGE STATEMENT

Cruise line or agent is to submit this statement to the Port of San Francisco as soon as possible but no later than 7 days after vessel departure.

Vessel:	Cruise Line:	Pier:
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Arrival Date / Time:	Departure Date / Time:
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Tariff Item	Description	Basis	Quantity	Rate	Passenger Wharfage
1000	Passengers (Disembark)	Each		\$19.00	
1000	Passengers (In Transit)	Each		\$19.00	
1000	Passengers (Embark)	Each		\$19.00	
Passenger Wharfage					
Dockage, if any					
Total Charges					

Bunkers? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, Supplier Name:	Quantity:
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The undersigned hereby certifies that this statement is accurate and has been prepared in accordance with Port of San Francisco Tariff No. 5.

Reporting Cruise Line or Agent:	Prepared By:	Date Prepared:
Address:	Phone:	Email: