



**New York/New Jersey Marine Terminals
Request for Billing Adjustment/Information**



Agency Name: _____ Requestor Name: _____

Requestor Phone # _____ E-Mail: _____

BA#: _____ Vessel Name: _____ ATA: _____ ATD: _____

PA Invoice #: _____ Invoice Date: _____ Type of Cargo: _____

Discharged

Loaded

Information Submitted by Agent

Tonnage Amount Submitted in FIRST	Revised Tonnage Amount	Adjustment Requested

Reason for change in tonnage amount submitted by Agent:

Other adjustment/Question:

Note: All requests for adjustments of tonnage must be accompanied by a verification of tonnage i.e. ships manifest, bill of lading or draft survey.

Submit with verification of revised tonnage via Email to:
New Jersey – Jean-Paul Richer at jricher@panynj.gov
New York – Henry Killian at hkillian@panynj.gov

NJMT/NYMT USE ONLY

Comments:

<u>Internal Use Only</u>	
Approved	_____
Rejected	_____

