



Tropical BOOKING NUMBER

**HURRICANE DORIAN
TROPICAL SHIPPING – DELIVERY RECEIPT
DONATION & IMPORTATION OF RELIEF GOODS
FOR THE PERIOD 2ND SEPTEMBER to 2ND OCTOBER 2019**

Donor Information

Company / Individual / Organization Name _____

Address (City, State, Zip) _____

E-mail: _____ Telephone: _____

All Cargo Consigned To: _____ The National Emergency Management Agency (NEMA)

What is the final destination of the goods? (Please choose ONE Destination Only)

Abacos (Port: MHH)

Grand Bahama Island (Port: FRE)

Relief Goods Being Donated? (Please check all applicable blocks)

- | | |
|--|--|
| <input type="checkbox"/> Bedding Materials | <input type="checkbox"/> Household furniture, furnishings and appliances |
| <input type="checkbox"/> Bottled water | <input type="checkbox"/> *Medicine and Medical Supplies |
| <input type="checkbox"/> Building Materials | <input type="checkbox"/> Mosquito netting |
| <input type="checkbox"/> Clothing | <input type="checkbox"/> Plumbing fixtures and materials |
| <input type="checkbox"/> Cots | <input type="checkbox"/> Personal hygiene products |
| <input type="checkbox"/> Electrical fixtures and materials | <input type="checkbox"/> Tents |
| <input type="checkbox"/> Electrical generator | <i>* Items must be approved by the Ministry of Health</i> |
| <input type="checkbox"/> Food for personal Consumption | |

Declared Value of Goods – (For Customs Purposes Only): _____

I certify that the above information that has been provided is true.

Signature of Donor

Printed Name of Donor

Date

<u>Tropical Shipping Use Only:</u>		
Packaging Material Provided (# / Quantity): _____ D-Container _____ E-Container _____ Barrel		
# Pieces: _____	Total Cubic Feet: _____	Total Weight: _____