



Report of Natural Material Extracted

_____ **Landholding Corporation of:** _____

EXTRACTION OF GRAVEL

Date: _____

Name of Contractor: _____

Address: _____

Telephone: [] [] [] [] [] [] - [] [] [] [] [] [] Fax: [] [] [] [] [] [] - [] [] [] [] [] []

Project Manager: _____

Project: _____

Date of Project: _____

Receipt No. _____ (Copy for Contractor + LHC)

Special Comments: _____

Description of Gravel	Number of truckloads	Capacity per truckload	Price per Trip	Price per metric ton	Amount Due

Signature of Project Manager _____ Date: _____

Signature of Truck Driver (optional) _____ Date: _____

Signature of Manager Landholding Corporation _____ Date: _____