

TRANSMITTAL FOR TRANSPORTATION SCHEDULES AND RELATED BASIC DOCUMENTS		DATE	
FROM <i>(Name of Bureau or Office)</i>		DISBURSING OFFICE SYMBOL NUMBER	
BUREAU OR OFFICE'S ADDRESS			
STREET	CITY	STATE	ZIP CODE

TO:

**GENERAL SERVICES ADMINISTRATION (SOC)
PAID DOCUMENT RECEIVING UNIT
13882 REDSKIN DRIVE; BLDG. 6
HERNDON, VA 20171**

TRANSPORTATION ACCOUNTS FOR <i>(Month and year)</i>	SHIPMENT INCLUDES		SCHEDULE NUMBERS*	
	NO. OF PACKAGES	NO. OF TRANSP. VOUCHERS	BEGINNING	END

EXPLANATION OF BREAKS IN SERIAL SEQUENCE OF SCHEDULE NUMBERS*

(Continue on plain white paper if necessary)

<input type="checkbox"/> NO PAYMENT FOR TRANSPORTATION SERVICES HAS BEEN MADE BY THE ABOVE-NAMED OFFICE	PERIOD OF NO PAYMENT <i>(Month and year)</i>								
CONTACT PERSON									
SIGNATURE	E-MAIL								
TELEPHONE NUMBERS									
NAME OF CONTACT	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 10%;">OFFICE:</th> <th style="width: 15%;">AREA CODE</th> <th style="width: 45%;">NUMBER</th> <th style="width: 30%;">EXTENSION</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	OFFICE:	AREA CODE	NUMBER	EXTENSION				
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