

FREIGHT RATE AND ROUTE REQUEST/RESPONSE

(Requesting agency should complete items 1 through 19 and 28, if applicable. Submit original and two copies to the GSA office responsible for issuing rate/routing instructions.)

1. REQUESTING AGENCY FILE NUMBER	2. DATE OF REQUEST	3. PROPOSED SHIPPING DATE
4. TO General Services Administration () <small>(Complete mailing address)</small>		5. DATE SHIPMENT IS NEEDED AT DESTINATION

6. REQUESTING AGENCY	a. NAME AND MAILING ADDRESS		b. CONTACT FOR ADDITIONAL INFORMATION Name: Phone No.:		
	7. TYPES OF RATES REQUESTED <input type="checkbox"/> TRUCK <input type="checkbox"/> RAIL <input type="checkbox"/> AIR <input type="checkbox"/> IMPORT <input type="checkbox"/> EXPORT <input type="checkbox"/> DOMESTIC <input type="checkbox"/> RATE AND ROUTE VIA CHEAPEST MODE <input type="checkbox"/> OTHER (Specify):		8. IF IN LOAD LOTS SHOW	a. NO. OF CARLOADS	9. SHIPMENT SIZE L W H
11. COMMODITY DESCRIPTION	(Give UFC, NMFC number or a clear nontechnical description; show number of packages as prepared for shipment (e.g., crated, uncrated, boxes, skids, loose, SU, KD))			b. NO. OF TRUCKLOADS	10. GROSS WEIGHT lbs.
					NOTE: Complete item 28 (on the back) if multiple origins, destinations or commodities.

12. CONSIGNOR (SHIPPER) (Name and mailing address)	13. ORIGIN (Freight address of actual shipping point)
14. CONSIGNEE (RECEIVER) (Name and mailing address)	15. DESTINATION (Freight address of actual receiving point)

16. GBL REQUESTED <input type="checkbox"/> YES If "yes" complete <input type="checkbox"/> NO	a. TRANSPORTATION APPROPRIATION NUMBER TO BE SHOWN ON GBL	b. PAYING OFFICE OF REQUESTING AGENCY (Name and mailing address if different than item 6a)
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17. IF RAIL ROUTING REQUESTED	RAIL CARRIER SERVING		PRIVATE SIDING	If no private siding, give nearest point of rail delivery.
	a. Consignor		<input type="checkbox"/> YES <input type="checkbox"/> NO	
	b. Consignee		<input type="checkbox"/> YES <input type="checkbox"/> NO	

18. ADDITIONAL SHIPPING INFORMATION (Describe articles of unusual size or weight (e.g., 35' long, 8' wide or high); special handling (e.g., hazardous materials); special carrier service needed (e.g., exclusive use of vehicle or intransit colling).	19. GIVE GSA CONTROL NUMBER ASSIGNED TO A PREVIOUS REQUEST FOR SIMILAR RATE/ROUTING INSTRUCTIONS (if any)
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DO NOT WRITE BELOW - RATE/ROUTE RESPONSE - FOR COMPLETION BY GSA

TO REQUESTING AGENCY (Shown in item 6a) Traffic data furnished below and/or on the back (item 28) is as of the date shown in item 27. If shipment is not made in a reasonable period, a new request should be submitted with reference made to the control number in item 26, below.

20. ROUTE(S) AUTHORIZED FOR SHIPMENT(S)	21. APPLICABLE RATE INFORMATION		
	a. RATE(S) (Cents per 100 lbs.)	b. MINIMUM WEIGHT (Lbs.)	c. TARIFF OR OTHER RATE AUTHORITY

22. BILL OF LADING DESCRIPTION WHEN DIFFERENT FROM ITEM 11 (include hazardous materials description, if any)	23. TECHNICIAN'S NAME
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24. REMARKS	25. ISSUING OFFICER	a. TYPED OR PRINTED NAME AND TITLE
		b. SIGNATURE

26. GSA CONTROL NUMBER	27. DATE ISSUED
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28. FOR COMPLETION BY REQUESTING AGENCY			28. FOR COMPLETION BY GSA			
COMMODITY DESCRIPTION AND GROSS WEIGHT <i>(a)</i>	ORIGIN, CONSIGNOR AND RAILROAD <i>(b)</i>	DESTINATION, CONSIGNEE AND RAILROAD <i>(c)</i>	RATE (cents per 100 lbs.) <i>(a)</i>	MINIMUM WEIGHT (lbs.) <i>(b)</i>	TARIFF OR OTHER RATE AUTHORITY <i>(c)</i>	ROUTE AUTHORIZED FOR SHIPMENT <i>(d)</i>
REQUESTING AGENCY REMARKS			GSA REMARKS			