

TRANSPORTATION SERVICES ORDER This government shipment is subject to the terms and conditions of 41 CFR 102-117 and 118.	1. BILL OF LADING NUMBER	2. DATE OF REQUEST	3. PROPOSED SHIPPING DATE
	4. TO (Complete mailing address)		5. DATE SHIPMENT IS NEEDED AT DESTINATION

6. REQUESTING AGENCY	a. NAME AND MAILING ADDRESS	b. CONTACT FOR ADDITIONAL INFORMATION Name: Phone No.: _____ Fax No.: _____
----------------------	-----------------------------	---

7. TYPES OF RATES REQUESTED	<input type="checkbox"/> TRUCK	<input type="checkbox"/> RAIL	<input type="checkbox"/> AIR	8. IF IN LOAD LOTS SHOW	a. NO. OF CARLOADS	9. SHIPMENT SIZE L W H
	<input type="checkbox"/> IMPORT	<input type="checkbox"/> EXPORT	<input type="checkbox"/> DOMESTIC		b. NO. OF TRUCKLOADS	
<input type="checkbox"/> RATE AND ROUTE VIA CHEAPEST MODE <input type="checkbox"/> OTHER (Specify):						

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)) (hhg: Packdate, SIT)	NOTE: Complete item 28 (on the back) if multiple origins, destinations or commodities.
---------------------------	--	---

12. CONSIGNOR (SHIPPER) (Name, mailing address and phone number)	13. ORIGIN (Freight address of actual shipping point)
--	---

14. CONSIGNEE (RECEIVER) (Name and mailing address)	15. DESTINATION (Name, mailing address and phone number)
---	--

16. CBL REQUESTED	a. TRANSPORTATION APPROPRIATION NUMBER TO BE SHOWN ON B/L	b. PAYING OFFICE OF REQUESTING AGENCY (Name and mailing address if different than item 6a)
<input type="checkbox"/> YES If "yes" complete <input type="checkbox"/> NO		

17. IF RAIL ROUTING REQUESTED	RAIL CARRIER SERVING		PRIVATE SIDING	<i>If no private siding, give nearest point of rail delivery.</i>
	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). (hhg: Professional Books, Papers and Equipment Weight)	19. GIVE GSA CONTROL NUMBER ASSIGNED TO A PREVIOUS REQUEST FOR SIMILAR RATE/ROUTING INSTRUCTIONS (if any)
--	---

DO NOT WRITE BELOW - RATE/ROUTE RESPONSE

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. TRANSPORTATION SERVICE PROVIDERS (Name and Telephone Number)	21. APPLICABLE RATE INFORMATION		
	a. RATE(S)	b. 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
--	-----------------------

24. REMARKS AND SPECIAL SERVICES	a. AGENCY INITIATING OFFICER'S ADDRESS, NAME AND EMAIL
	b. SIGNATURE

25. ISSUING OFFICER	27. DATE ISSUED
26. CONTROL NUMBER	

28. FOR COMPLETION BY REQUESTING AGENCY

29. FOR COMPLETION BY AGENCY

COMMODITY DESCRIPTION AND GROSS WEIGHT (a)	ORIGIN, CONSIGNOR AND RAILROAD (b)	DESTINATION, CONSIGNEE AND RAILROAD (c)	RATE (a)	WEIGHT/ DIMENSION (b)	TARIFF OR OTHER RATE AUTHORITY (c)	ROUTE AUTHORIZED FOR SHIPMENT (d)
<p>REQUESTING AGENCY REMARKS</p>						