

INFORMATION FOR HOUSEHOLD GOODS SHIPMENT VIA GBL

*Please furnish the following information for preparing a GSA cost comparison and Government Bill of Lading-**

Name of Carrier	Estimated Move Date	GSA ORDER RELEASE NO.
Estimated Weight	TENDER NUMBER	
Name of Employee	TRAVEL AUTHORIZATION NO.	
Social Security Number	AND DATE _____	

Address _____ **Storage-in-Transit:**

Origin _____ Days

(City) _____ (Co) _____ (St) _____
(NTE 90 days initially - extensions NTE 90 additional days may be granted later per regs.)

Home Phone _____ Work Phone _____

Address _____ **Storage-in-Transit:**

Destination _____ Days

(City) _____ (Co) _____ (St) _____
(NTE 90 days initially - extensions NTE 90 additional days may be granted later per regs.)

Home Phone _____ Work Phone _____

Is employee being limited to low cost carrier (other than carrier shown above)? YES NO

LIABILITY OF CARRIER: Please check only one:

1. Released at Full Value Protection _____ (No cost to employee)
2. Released at Full Value Protection with employee declared excess valuation
 (state Amount) \$ _____ (NFC will bill employee)

Name and Address of Moving Company:

Telephone: _____