COST COMPARISON FOR SHIPPING HOUSEHOLD GOODS
(Commuted Rate System Vs. GBL Method)

1. REQUEST NO.	2. DATE OF REQUEST

3. TO:
GENERAL SERVICES ADMINISTRATION

4. FROM: *(Requesting agency name, address and ZIP Code)*

5. PERSON MAKING REQUEST		6. AGENCY TELEPHONE NO.		
A. NAME	B. TITLE	A. AREA CODE	B. NUMBER	C. EXT.

SHIPMENT DATA

7. ORIGIN *(City, County and State)*

8. DESTINATION *(City, County, and State)*

9. ELEVATOR/STAIR CARRY NEEDED *(Does not apply to single-family dwellings)* ▶	A. AT ORIGIN		B. AT DESTINATION	
	(1) ELEVATOR ☐ YES ☐ NO	(2) FLIGHTS OF STAIRS *(No.)*	(1) ELEVATOR ☐ YES ☐ NO	(2) FLIGHTS OF STAIRS *(No.)*

10. EMPLOYEE RELOCATING	11. APPROX. MOVING DATE	12. ESTIMATED WEIGHT	13. MILEAGE *(GSA will determine)*

COST COMPARISON

SERVICE OR ITEM (a)	COMMUTED RATE*		GBL METHOD**	
	RATE/CHARGE ($) (b)	AMOUNT ($) (c)	RATE/CHARGE ($) (d)	AMOUNT ($) (e)
14. TRANSPORTATION***	CWT		CWT	
15. PACKING AND RELATED SERVICES***			CWT	
16. METROPOLITAN AREA ALLOWANCE/CHARGE — A. AT ORIGIN	CWT		CWT	
B. AT DESTINATION	CWT		CWT	
17. ELEVATOR/STAIR CARRY — A. AT ORIGIN	CWT		CWT	
B. AT DESTINATION	CWT		CWT	
18. STORAGE IN TRANSIT AT: *(Check place)* ☐ ORIGIN ☐ DESTINATION — A. DAY 1 SIT	CWT		CWT	
B. DAY 2 THRU 90 SIT	CWT		CWT	
C. WAREHOUSE	CWT		CWT	
D. HANDLING	CWT		CWT	
E. PICK-UP/DELIVERY	CWT		CWT	
19. OTHER SERVICES *(Specify)*				
20. TOTALS				

21. REMARKS *(Use reverse if additional space is needed)*	22A. SIGNATURE	
	22B. NAME OF SIGNER	22D. DATE PREPARED
	22C. TITLE OF SIGNER	22E. GSA CONTROL NO.

NOTES

*AUTHORITY: GSA BULLETIN FPMR A-2, SUPPL:	**AUTHORITY:	***Commuted rate includes allowance for packing, etc. For comparison purposes ONLY, same amount used to estimate costs for these services under the GBL method. Actual costs may be higher or lower.	CWT ALLOWANCE ($)

GENERAL SERVICES ADMINISTRATION   **GSA** FORM **2485** (REV. 4-98)