

TRANSPORTATION SERVICES ORDER This government shipment is subject to the terms and conditions of 41 CFR 102-117 and 118		1. TRANSPORTATION ORDER NUMBER		2. DATE OF REQUEST (MM/DD/YYYY)		3. SHIPMENT PICKUP DATE (MM/DD/YYYY)		
		4a TSP (Complete mailing address)			4b SCAC		5. PREFERRED DELIVERY DATE (MM/DD/YYYY)	
6. REQUESTING AGENCY		a. NAME AND MAILING ADDRESS			b. CONTACT FOR ADDITIONAL INFORMATION Name: Email: Phone No: Fax 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	
						b. NO. OF TRUCKLOADS	10. GROSS WEIGHT lbs.	
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))					NOTE: Complete item 28 if multiple origins, destinations or commodities	
12. CONSIGNOR (SHIPPER) (Name, mailing address, phone number, fax and email)				13. ORIGIN (Freight address of actual shipping point)				
14. CONSIGNEE (RECEIVER) (Name, mailing address, phone number, fax and email)				15. DESTINATION (Name, Mailing address, phone number, fax and email)				
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" com-plete -> <input type="checkbox"/> NO								
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 <input type="checkbox"/> YES <input type="checkbox"/> NO				
		b. Consignee						
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 cooling).)						19. GIVE GSA CONTROL NUMBER ASSIGNED TO A PREVIOUS REQUEST FOR SIMILAR RATE/ROUTING INSTRUCTIONS (if any)		
RATE/ROUTE RESPONSE								
TO: REQUESTING AGENCY (Shown in item 6a)		Traffic data furnished below and/or on the back (items 29 & 30) 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 PROVIDER (Name, Phone, Fax, and Email)				21. APPLICABLE RATE INFORMATION				
				a. RATE(S)	b. WEIGHT (Lbs.)	c. TARIFF OR OTHER RATE AUTHORITY	d. ESTIMATED COST	
22. BILL OF LADING DESCRIPTION WHEN DIFFERENT FROM ITEM 11 (include hazardous materials description, if any)				23. TECHNICIAN'S NAME				
				25. ISSUING OFFICER				
				a. AGENCY INITIATING OFFICER'S ADDRESS, NAME, AND EMAIL				
24. REMARKS AND SPECIAL SERVICES				26. CONTROL NUMBER/AGENCY ID NUMBER		27. DATE ISSUED (MM/DD/YYYY)		
APPLICABLE DESTINATION INFORMATION								
28a. DATE (MM/DD/YYYY)	28b. Actual Delivery Point	28c. Delivered This Consignment To <input type="checkbox"/> Storage in Transit	28d. COMPLETE & IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER				<input type="checkbox"/> Storage	<input type="checkbox"/> Damage
28e. NAME OF DELIVERING TSP		28f. NAME OF DESTINATION TSP		28g. SIGNATURE OF TSP'S AUTHORIZED AGENT				

29. FOR COMPLETION BY REQUESTING AGENCY			30. FOR COMPLETION BY TSP			
COMMODITY DESCRIPTION AND GROSS WEIGHT (a)	ORIGIN, CONSIGNOR AND RAILROAD (b)	DESTINATION, CONSIGNEE AND RAILROAD (c)	RATE (a)	WEIGHT/ DIMENSION (b)	TARIFF OR OTHER AUTHORITY (c)	ROUTE AUTHORIZED FOR SHIPMENT (d)
REQUESTING AGENCY REMARKS			TSP REMARKS			

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