

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 _____	Origin: _____ Days
(City) _____ (Co) _____ (St) _____	<i>(NTE 90 days initially - extensions NTE 90 additional days may be granted later per regs.)</i>
Home Phone _____ Work Phone _____	

Address	Storage-in-Transit:
Destination _____	Destination: _____ Days
(City) _____ (Co) _____ (St) _____	<i>(NTE 90 days initially - extensions NTE 90 additional days may be granted later per regs.)</i>
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:

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

Name and Address of Moving Company:

Telephone: _____