

TRANSPORTATION SERVICES ORDER CORRECTION NOTICE		DATE NOTICE PREPARED
1. ORIGINAL TSO NUMBER/BL NUMBE	2. ORIGINAL DATE TSO WAS ISSUED	3. TOTAL WEIGHT SHOWN ON TSO
4. CONTROL NUMBER / AGENCY ITMS ID NUMBER		
5. ORIGIN (As shown in "origin" block on TSO)	6. DESTINATION (As Shown in "destination" block on TSO)	
7. ROUTE (Complete routing if shown on TSO)	8. ISSUING OFFICE (As shown on TSO under "For Use of Issuing Office")	
9. TO: (Name & address of carrier/activity & SCAC to which directed, including ZIP Code, phone & fax numbers)		10. Complete Items 9a, b, and c only when correction is made after transportation charges have been paid.
		a. D.O. VOUCHER NUMBER
		b. D.O. VOUCHER DATE
		c. D.O. SYMBOL
11. FROM: (Full name & address of the activity initiating the notice, including ZIP Code, phone & fax numbers.)		
12. TRANSPORTATION SERVICES ORDER NOW READS (Show the block number & information as it reads prior to correction.)	13. CORRECT TRANSPORTATION SERVICES ORDER TO READ (Show how the block number & corrected information should read.)	
14. AUTHORITY FOR CORRECTION (Tariff & item numbers; classification & item number; or other authority for making the change.)		
15. REMARKS (Pertinent information not otherwise provided on the form. If more space is required, use reverse side of this form.)		
16. INFORMATION COPY TO (Name & address, including ZIP Code)	17. SIGNATURE & TITLE OF INITIATING OFFICIAL	
	18. CARRIER REPRESENTATIVE'S SIGNATURE (Require when notice is initiated by shipper & transportations charges are affected)	