

Transportation Services Order No.		<b>This Government shipment is subject to terms/conditions of 41 CFR 102-117 &amp; 118.</b>			Privately Owned Personal Property
1. Transportation Company, Shipment Tendered To:		2. SCAC	3. Shipment No. Of	4. Date TSO Issued	5. Requested Packing Date
		6. Requested Pickup Date		7. Required Delivery Date	
8. Property Owner's Name, Pay Grade		9. Authority for Shipment (Order #)		10. Date of Order	11. Department/Agency
12. Agency ITMS ID Number	14. Full Name of Shipper			15. Extra Pickup/Delivery (complete address)	
13. Appropriation Chargeable					
16. Consignee (Name & destination delivery address)			17. From: (Complete address of point of pickup)		
18. Responsible Destination Office			19. Bill Charges To (Dept/Agy, & complete mailing address)		
20. Remarks					

21. Packages		22. Description of Shipment* (specify)	23. Weight*	Applicable Rate Information		
No.	Kind			Services	24. Rate	25. Charges
			Gross ➡	Line-Haul Transportation		
			Tare ➡	Packing/Unpacking		
			Net ➡	Other Accessorial Services		
			*Incl. Prof. Books, Papers, & Equip. weighing.	TOTAL ➡		
			BL #:	26. Tariff/Tender/Special Rate Authority		
				27. Issuing Officer (Name, title, address, phone number, e-mail)		

\*Issued at lowest valuation cited in appropriate tender or tariff unless otherwise stated hereon.

<b>29. For Use of Paying Officer (does not affect carrier charges)</b>					
<b>Certificate for Receipt of Shipment &amp; BL</b>		Unauthorized Items	Excess Distance	<b>Other (explain under remarks)</b>	
		Excess Valuation	Excess Weight		
28a. Name of Transportation Company (Phone & fax numbers, e-mail)		28b. Date of Receipt of Shipment	28c. Signature of Agent/Driver		28d. Per
<b>Applicable Destination Information</b>					
30a. Date	30b. Actual Delivery Point	30d. Delivered This Consignment To ➡	<input type="checkbox"/> Storage In Transit <input type="checkbox"/> Residence		
30c. Name of Delivering TSP		30e. Complete & in Apparent Good Order Except as May be Indicated Hereafter ➡	<input type="checkbox"/> Storage	<input type="checkbox"/> Damage	<input type="checkbox"/> Carrier OS&D Report Attached
30f. Name of Destination TSP		30g. Signature of TSP's Authorized Agent			

⚡TSP to execute & attach Certificate of Storage & Liability for shipment placed in storage in transit.