

| 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 | | | |

Reset Fields