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	☐ TRUCK ☐ RAIL ☐ AIR ☐ IMPORT ☐ EXPORT ☐ DOMESTIC ☐ RATE AND ROUTE VIA CHEAPEST MODE ☐ 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 ☐ YES ☐ NO *If "yes" complete ->*	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)*

17. IF RAIL ROUTING REQUESTED	RAIL CARRIER SERVING	PRIVATE SIDING	*If no private siding, give nearest point of rail delivery.*
a. Consignor		☐ YES ☐ NO	
b. Consignee		☐ YES ☐ NO	

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 ☐ Storage in Transit	28d. COMPLETE & IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER	☐ Storage	☐ 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 AUTHROIZED FOR SHIPMENT (d)
REQUESTING AGENCY REMARKS			TSP REMARKS			

Reset Fields