## **FORT GORDON – TRANSPORTATION OFFICE**

COUNSELOR	DATE:	TIME
****** 3 COPIES OF ORD	ERS FOR EACH SHIPMENT********	*****

## TRANSPORTATION WORKSHEET (Complete each line including phone numbers)

** PLEASE S FILL IN SHADED AREAS THAT APPLY, ALSO SIGN AND DATE **									
NAME (Last/ First/MI):					Rank:		Branch		
SSN Last Four:	Depende	nts: Yes	No		Marik.		Email:	<u> </u>	
CHOOSE ONE: PO	•	HOR		T HAVE DD	005 05 11	OB)	Elliali.		
	לטו כט			T HAVE PR			NIONE.		
HOME PH:		WUKK	PHONE			CELL P	PHONE:		
						- ·		15 1/5:1	
			_	(average	Est. I		-	d Pack/ Pickup	
Type of Shipment		1000	lbs per	room	Gear	Weigh	nt Dates		
Household Goods									
Unaccompanied Baggage									
Non Temp Storage Long-Term									
CONUS Designated Location									
Non-Temp Storage Pendi	ng Shipment								
POV STORAGE - Yes	NO Gov	vernment		Personal		(OVE	ERSEAS ONLY)		
	,					,	,		
DITY: Yes NO	POV:	<b>RENTA</b>	L: <i>A</i>	ADVANCE:	Yes I	No	START DATE:		
<b>EST WEIGHT (AVERAGE</b>	REGIST	RATION R	EQUIRE	D			LETTER OF AUTI	HORIZATION IF IN	
1000 LBS PER ROOM)	State o	of Legal Re	sidence	:			SOMEONE ELSE	NAME: Yes NO	
PICK UP ADDRESS: ( MUS	ST BE AT RESID	ENCE BETV	VEEN 8-	5 ON PACK	AND PICE	( UP D	ATES)		
BARRACKS: Bldg NO:	-		Roon			s Stre			
RESIDENCE: Street						OR AP			
Post/City:		State:			ZIP:	•			
Releasing Agent's Name:		Jtute.			Phone N	U.			
EXTRA PICKUP		HOUSEHOLD GOODS CONUS DESIGNATED LOCATION							
WITH WHICH	110	HOUSEHOLD GOODS CONOS					ONOS DESIGNATE	DECEMBER	
SHIPMENT	NO	NON TEMP STORAGE LONG TERM						SE DENIDING CURT	
	NO	NON-TEMP STORAGE LONG TERM NON-TEMP STORAGE PENDING SHPT							
(check one)									
Street:		Chahai			7:				
City:		State:			Zip:				
DESTINATION ADDRESS									
DESTINATION ADDRESS									
Street:		2							
Post/City:	_	State:			Zip:	_			
Destination Agent's Name	e:				Phone N	0:			
SHIPMENT CONTAINS:								T	
Household Goods		ompanied Baggage		Non - Temp		II.	Designated	Non -Temp Storage	
O/S W/DEP	O/S ONL	Y		Long	g – Temp		Location CONUS	PENDING SHIPMENT	
TRAVEL ORDERS									
Motorcycle			Firearm	=			All information for	or Firearms and motorcycles	
Registration require		oing a Proof of Owners		of Ownersh	p Required a		are required and at appointment.		
Motorcycle (MANDATORY)									
OTHER LARGE OR UNUSUAL ITEMS									
CONUS DESIGNATED LOCATION ADDRESS: Street									
Post/City:		State:			Zip:				
Receiving Agent's Name: Phone No:									
**** EMERGENCY CONTACT **** (MANDATORY FIELD) * (Cannot be spouse if traveling with Service Member)									
Name:		Street:		·	-	Phone		·	
City:		State:			Zip:				
SIGNATURE:									
DATE: ** 3 COPIES OF ORDERS PER SHIPMENT **									