COST COMPARISO (Comment		:	2. DATE OF REQUEST						
3. TO: GENERAL SER	/ICES ADI	MINISTRAT	ION	4. FR	ROM: (Red	questing agency na	ame, address and ZIP Co	ode)	
5. PERSON MAKING REQUEST				6. AGENCY TELEPHON					IO
A. NAME B. TITLE					A. AREA CODE			C. EXT.	
		I.		SHIPMENT					
7. ORIGIN (City, County and S	tate)		8. DE	STINATION (City	, County,	and State)			
9. ELEVATORS/STAIR CARRY			A. AT ORIGIN  (2) FLIGHT OF STAIRS (No.)  11. APPROX. MOVING DATE			B. AT DEST			
NEEDED (Does not apply to single-family dwelling)  (1) ELEVATOR  YES		STAIRS			YES NO			(2) FLIGHT OF STAIRS (No.)	
10. EMPLOYEE RELOCATING					12. ESTIMATED WEIGHT			13. MILEAGE (GSA will determine)	
				COST C				_	
SED//OF			COMMUTED RA						HOD**
SERVICE OR ITEM  (a)			RATE/CHARGE (\$) (b)		A	MOUNT (\$) (c)	RATE/CHARGE (\$) (d)		AMOUNT (\$) (e)
14. TRANSPORTATION***			СШТ				CI		
15. PACKING AND RELATED SERVICES***									
16. METROPOLITAN AREA ALLOW- ANCE/CHARGE	A. AT ORIGIN		CWT				CWT		
	B. AT DESTINATION		СМТ				CWT		
17. ELEVATOR/STAIR	A. AT ORIGIN		сwт				CWT		
CARRY	B. AT DESTINATION		сwт				CW		
18. STORAGE IN TRANSIT AT (Check place)	A. DAY 1 SIT  B. DAY 2 THRU		CWT			CW		WT	
	ORIGIN 90 SIT		CWT			CV		WT	
	C. WAREHOUSE		CWT				С	CWT	
DESTINATION	D. HANDLING  E. PICK-UP/		CWT				С	CWT	
19. OTHER SERVICES (Specify)			CWT			CW		WT	
13. OTHER GERVIOLS (Open	, y)								
	2	0. TOTALS							
21. REMARKS (Use reverse if	additional spac	ce is needed)			22A. SIG	GNATURE			
					22B. NAME OF SIGNER		2	22D. DATE PREPARED	
				22C. TIT		LE OF SIGNER		2	22E. GSA CONTROL NO.
				NOTE	S				
*AUTHORITY: GSA BULLETIN   ** AUTHORITY: FPMR A-2, SUPPL:				For compestimate	parison purpose Of	allowance for packing, etc. NLY, same amount used to vices under the GBL meth or lower.	5	CWT ALLOWANCE (\$)	