FREIGHT RATE AND		1. REQUESTING AGENCY FILE NU		E NUMBER		2. DATE OF REQUEST		3. PROPOSED SHIPPING DATE	
(Requesting agency should complete items 1 through 19 and 28, if applicable. Submit original and two copies to the GSA office responsible for issuing rate/routing instructions of the state of the stat		4. TO General Services Administration ( (Complete mailing			tration (		)	5. DATE SHIPMENT IS NEEDED AT DESTINATION	
instructions.)	a. NAME AND MAILING ADDRES	address)							
6. REQUESTING				D. CONTA	CT FOR ADDITIONA	ADDITIONAL INFORMATION			
AGENCY		Name:							
				Phone No.:					
		AIR			a. NO. OF	9. SHIPMENT SIZE			
7. TYPES OF RATES REQUESTED					8. IF IN	CARLOADS	L	W H	
		EXPORT			LOAD		10. GRC	DSS WEIGHT	
	RATE AND ROUTE					SHOW	TRUCKLOADS		lbs.
11. COMMODITY DESCRIPTION	(Give UFC, NMFC number or a ci uncrated, boxes, skids, loose, SU		iption; shc	ow number of	packages as	prepared 1	for shipment (e.g., cra	ated,	NOTE: Complete item 28 (on the back) if multiple origins, destinations or commodities.
12. CONSIGNOR (SHIF	PER) (Name and mailing address	)		13. ORIGIN (	(Freight addro	ess of actu	ial shipping point)		1
14. CONSIGNEE (RECI	EIVER) (Name and mailing addres	s)		15. DESTINA	ATION (Freig	ht address	of actual receiving p	oint)	
16. GBL REQUESTED	a. TRANSPORTATION APPROP SHOWN ON GBL	RIATION NUMBER TO	) BE	b. PAYING C than item (		EQUESTI	NG AGENCY (Name	and mai	ling address if different
17. IF RAIL	RAIL CARRIER SERVING PRIVA			ATE SIDINO					
ROUTING REQUESTED	a. Consignor								
	b. Consignee PING INFORMATION (Describe ar	tiolog of unuquel size of			Olyvida ar bia	(h); ana sia	l handling (a g	10 01	
	pecial carrier service needed (e.g.,				o wide of hig	n), special	nanuing (e.g.,	NUMBI PREVI SIMILA	/E GSA CONTROL ER ASSIGNED TO A OUS REQUEST FOR IR RATE/ROUTING UCTIONS <i>(if any)</i>
	DO NOT WRITE I	BELOW - RATE/R	OUTE	RESPONS	E - FOR C	COMPLE	ETION BY GSA		
TO REQUESTING (Shown in iter		a furnished below and/o e period, a new request							
20. ROUTE(S) AUTHOR	21. APPLICABLE RATE INFORMATION								
				a. RATE(S) (	'Cents per 10	<i>00 lbs.)</i> b.	MINIMUM WEIGHT		TARIFF OR OTHER RATE AUTHORITY
22. BILL OF LADING DESCRIPTION WHEN DIFFERENT FROM ITEM 11 (include hazardous materials description, if any)				23. TECHNICIAN'S NAME					
				25.	a. TYPED OR PRINTED NAME AND TITLE				
24. REMARKS			ISSUING OFFICER	b. SIGNATI	b. SIGNATURE				
				26. GSA CONTROL NUMBER			27. DATE ISSUED		

28. FOR COM	28. FOR COMPLETION BY GSA								
COMMODITY DESCRIPTION AND GROSS WEIGHT	ORIGIN, CONSIGNOR AND RAILROAD	DESTINATION, CONSIGNEE AND RAILROAD	RATE (cents per 100 lbs.)	MINIMUM WEIGHT (lbs.)	TARIFF OR OTHER RATE AUTHORITY	ROUTE AUTHORIZED FOR SHIPMENT			
(a)	(b)	(C)	(a)	(b)	(C)	(d)			
REQUESTING AGENCY REMARKS				GSA REMARKS					