TRANSMITTAL FOR TRANSPORTATION SCHEDULES
AND RELATED BASIC DOCUMENTS

DATE

FROM (Name of Bureau or Office)

AGENCY LOCATION CODE (ALC)

BUREAU OR OFFICE'S ADDRESS						
STREET	CITY	STATE	ZIP CODE			

TO:

General Services Administration, FAS, QMC Transportation Audits Division, QMCAB TRANSPORTATION ELECTRONIC AUDIT LIBRARY Room 1033 1800 F Street NW Washington, DC 20405

TRANSPORTATION ACCOUNTS FOR (Month and year)	S	SCHEDULE NUMBERS*		
	NUMBER OF PACKAGES	NUMBER OF TRANSPORTATION VOUCHERS	BEGINNING	END

EXPLANATION OF BREAKS IN SERIAL SEQUENCE OF SCHEDULE NUMBERS*

NO PAYMENT FOR TRANSPORTATION SERVICES HAS BEEN MADE BY THE ABOVE-NAMED OFFICE	PERIOD OF	PERIOD OF NO PAYMENT (Month and year)			
CONTACT PERSON					
SIGNATURE	E-MAIL				
	TELEPHONE NUMBERS				
NAME OF CONTACT	OFFICE:	AREA CODE	NUMBER	EXTENSION	
TITLE OF CONTACT	FAX:	AREA CODE	NUMBER	i	
AUTHORIZED FOR LOCAL REPRODUCTION *Agencies not using voucher-	-schedule (SF 1166)	procedures	STANDARI	D FORM 1186 (REV. 1/2014)	

(Continue on plain white paper if necessary)

PERIOD OF NO PAYMENT (Month and year)

should show the beginning and ending disbursing office voucher