## **SHUTTLE LOG FORM**

(complete and return to nfcbilling@nationalforwarding.com)

MEMBER NAME:		GBL#:	
AGENT/DRIVER:		BL#:	
ADDRESS (IF NEE	EDED AT MULTIPLE LO	OCATIONS NOTE ALL ADD	DRESSES):
	RUCK TO TRUCK TRAI	NSFER (complete address or o	cross-streets):
	LE SERVICE:		
TRACTOR TRAILER T	RUCK INFO		
VEHICLE:		LICENSE PLATE:	
SHUTTLE TRUCK & L	ABOR INFO		
*If a rental tr	uck is used, please provide	a copy of the paid receipts. a copy of the vehicle registration.	
VEHICLE:		LICENSE PLATE:	
TIME SHUTTLE OBTAINED	TIME SHUTTLE ARRIVED ON LOCATION	TIME SHUTTLE LEFT LOCATION	TIME SHUTTLE RETURNED
MEMBER'S SIGNATUR	EE (required):		
DRIVER'S SIGNATURE	(required):		
** In order to appro	ppriately bill shuttle, <u>NFC E</u>	Billing will require DPS approva	l, signed DD619,
		pplies to origin and delivery out	of SIT shuttles
	shuttle service, to confirm		
occurred. Shuttles a	nt destination on direct de	liveries do not require weights	, provided the

origin weights were taken from a tractor trailer\*\*

<sup>\*\*</sup>Please be advised should GSA reject any documentation, this may result in a chargeback \*\*