

GOVERNMENT BILL OF LADING – SF 1103

The government Bill of Lading serves as our contract with the government to service a shipment.

The DOD fills out Blocks 1 thru 27 and 32. Pay close attention to blocks 6 – 8 for the required service dates.

BILL OF LADING		— PRIVATELY OWNED PERSONAL PROPERTY	ORIGINAL	B/L NO. AGFM0016944	
1 TRANSPORTATION COMPANY (S. AGENT) TENDERED TO <b>NATIONAL FORWARDING CO., INC.</b>			2 SCAC NFWID	3 SERVICE CODE D	
6 REQUESTED PACKING DATE 20100812			4 SHIPMENT NO 1 / 2	5 DATE B/L PRINTED 20100809	
7 REQUESTED PICKUP DATE 20100812			10 PROPERTY OWNER'S NAME, SOCIAL SECURITY NO., RANK AND PAY GRADE <b>This is the customer's name and rank.</b>		
8 REQUIRED DELIVERY DATE 20100831			11 AUTHORITY FOR SHIPMENT (Order No. par. No., HQ) 1210G80PRA29N000 USCG SOUTH PORTLAND,		
13 EXTRA PICKUP/DELIVERY (Complete address) SERVICE NOT APPLICABLE			14 DEPARTMENT/AGENCY United States Coast Guard		
16 RECEIVED BY THE TRANSPORTATION COMPANY NAMED ABOVE, THE PROPERTY HEREINAFTER DESCRIBED, IN APPARENT GOOD ORDER AND CONDITION (CONTENTS AND VALUE UNKNOWN), TO BE FORWARDED TO DESTINATION BY THE SAID COMPANY AND CONNECTING LINES, THERE TO BE DELIVERED IN LIKE GOOD ORDER AND CONDITION TO SAID CONSIGNEE. THIS BILL OF LADING IS GOVERNED BY THE REGULATIONS RELATING THERETO AS PUBLISHED IN TITLE 44, PART 102.118 OF THE CODE OF FEDERAL REGULATIONS. TERMS AND CONDITIONS ARE ALSO CONTAINED IN THE TENDER OF SERVICE.			17 FULL NAME OF SHIPPER JPISO-NE, CHELMSFORD, MASS <b>This is the origin base.</b>		
18 CONSIGNEE (Name and destination delivery address) (See block 13) <b>This the customer's delivery address.</b>			19 FROM (Complete address of point of pickup) (See block 13) 56 Middle Rd CUMBERLAND CENTER, ME 04021 <b>This is the pick up address.</b>		
20 RESPONSIBLE DESTINATION INSTALLATION/OFFICE JPISO JB LEWIS-MCC10RD JPISO JH LEWIS-MCC10RD BOX 33900 MS 53 FT LEWIS, WA 98433 <b>This is the destination base.</b>			21 BILL CHARGES TO (DEPT JAGCY, BUR., OFF., AND COMPLETE MAILING ADDRESS) US Bank PowerTrack Minneapolis, MN 800-417-1844 PowerTrack@usbank.com		
22 VIA (Names of interlining carriers)			23 FOR CARRIER USE ONLY- WAYBILL/FREIGHT BILL NO		
25 REMARKS (Special services, use reverse) Personally Procured Move <b>Look here for special instructions, such as "Firearms" included.</b>			24 APPROPRIATION CHARGEABLE DI: 70 TAC: ZRAC		
26 PACKAGES NO. KIND		27 DESCRIPTION OF SHIPMENT (Specify) *	28 WEIGHT †	FOR USE OF DESTINATION CARRIER ONLY	
1 LOT		Household Goods Containers: 0 Shipment is released at full replacement protection of \$4 00 times the net weight in pounds of the shipment or \$5,000, whichever is greater	GROSS	SERVICES	29 RATE
			TARE	LINE-HAUL TRANSPORTATION	30 CHARGES
			NET	PACKING/ UNPACKING	
			† INCLUDES PROFESSIONAL BOOKS, PAPERS, AND EQUIPMENT WEIGHING	OTHER/ACCESS- ORIAL SERVICES	
				TOTAL	
				31 TARIFF OR SPECIAL RATE AUTHORITIES 400NG-2010 70 %	
* ISSUED AT LOWEST VALUATION CITED IN APPROPRIATE TENDER OR TARIFF UNLESS OTHERWISE STATED HEREON			B/L NO. AGFM0016944		32a ISSUING OFFICER (Name and title)
CERTIFICATE FOR RECEIPT OF SHIPMENT AND ORIGINAL BILL OF LADING			32b ISSUING OFFICE (name and complete address) JPISO, CHELMSFORD, MASS JPISO, SOUTHEAST 100 WASHINGTON DRIVE FT. LEWIS, WA 98433		GELOC: AGFM
33a NAME OF TRANSPORTATION COMPANY (Agent Name) NATIONAL FORWARDING CO., INC.		33b DATE OF RECEIPT OF SHIPMENT	34 FOR USE OF PAYING OFFICER (Does not affect carrier charges)		
33c SIGNATURE OF AGENT/DRIVER		33d PER	<input type="checkbox"/> UNAUTHORIZED ITEMS	<input type="checkbox"/> EXCESS DISTANCE	<input checked="" type="checkbox"/> OTHER (Explain under remarks.)
			<input type="checkbox"/> EXCESS VALUATION	<input type="checkbox"/> EXCESS WEIGHT	
CERTIFICATE OF CARRIER BILLING FOR CHARGES - CONSIGNEE MUST NOT PAY ANY CHARGES ON THIS SHIPMENT					
35a ON (Date)	35b AT (Actual delivery point) ‡	35c THE (Name of delivering carrier)			
35d DELIVERED THIS CONSIGNMENT TO <input type="checkbox"/> STORAGE IN TRANSIT <input type="checkbox"/> RESIDENCE	35e COMPLETE AND IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER.		<input type="checkbox"/> SHORTAGE	<input type="checkbox"/> DAMAGE	<input type="checkbox"/> CARRIER OSAD REPORT ATTACHED
35f NAME OF DESTINATION CARRIER (Carrier authorized to bill charges)			35g SIGNATURE OF CARRIER'S AUTHORIZED AGENT		

