

**DOCUMENT NAME: Purchase Order for  
Household Goods Shipment  
DOCUMENT TYPE: 17**

1. **Description:** Used for supportive services in connection with a GBL for unaccompanied baggage on PCS moves, and local moves authorized by District.
2. **Primary Forms:** CG-5398 (or OF-347), Order for Supplies or Services
3. **Related Forms:** \*CG-5131, Standard Travel Order For Military Personnel  
\*DD-214, Certificate of Release or Discharge from Active Duty  
DD-1299, Application for Shipment and/or Storage of Personal Property  
\*Authorization Letter for Retirement  
\*Housing Authorization Letter for Local Move

Note: \* One of these will apply to each shipment requiring a PO.

**4. Document Number:**

- a. For PCS move use the TONO number from the PCS orders.

SAMPLE: 17 04 G84PRA123

<u>Document Type</u>	<u>FY Funded</u>	<u>Last nine digits of TONO</u>	<u>Suffix</u>
17	04	G84PRA123	

- b. For District housing authorized move, use standard procedures for numbering.

<u>Document Type</u>	<u>FY Funded</u>	<u>Procurement Site Code</u>	<u>FY Contract Originated</u>	<u>Region</u>	<u>Program Element</u>	<u>Document Sequence</u>	<u>Suffix</u>
17	04	90	4	F	AB	001	

Note: Suffix of D00 will be assigned by FINCEN. If a member has more than one PO issued for the same TONO, subsequent PO's will be identified as D01, D02, etc.

**5. Accounting Line:**

- a. For PCS, the accounting line should be on orders or in the retirement letter. Object Class will be changed to 2221 for transportation of HHG-PCS.

SAMPLE: 2/P/401/299/21/0/SR/78040/2221

- b. For housing authorized local move, the accounting line should be in authorization letter from housing.

SAMPLE: 2/F/401/136/30/0/AB/12345/2221

**6. FINCEN Critical Processing Requirements:**

- a. Issuing units must ensure the following information is included on every submitted CG-5398 or OF-347 - Order for Supplies or Services

(1) DTCG/HSCG number - block 3 (position 9 of the DTCG/HSCG number should be a T.)

(2) Standard document/travel order number - block 4.

(3) Five digit OPFAC of Contracting Office - block 5.

(4) Complete unit name, address, and phone number - blocks 5 and 6.

(5) Complete vendor name and address - block 7.

(6) Accounting data - block 9.

(7) GBL number - block 14.

(8) Item description including member's name and SSN - block 17.

(9) Grand total - block 17i.

(10) Correct Mail To: instructions - Document Type 17 (Non TR/GBL), USCG Finance Center, P. O. Box 4114, Chesapeake, VA 23327-4114 - block 21.

(11) Contracting Authority signature - block 23.

- b. **LEGIBLE COPY OF PURCHASE ORDER WITH SUPPORTING DD-1299 AND ORDERS MUST BE SUBMITTED TO FINCEN.**

**7. Other Information:** None.**8. FPD Information:**

- a. Obligation will transmit electronically via FPD.

- b. A copy of the form should be mailed to FINCEN and should have the statement on the face of the document.

**"OBLIGATION TRANSMITTED ELECTRONICALLY VIA FPD"**

- 8. c. When transmitting to FINCEN, only the obligation accounting information (XA record) will be sent.

9. Document Flow:

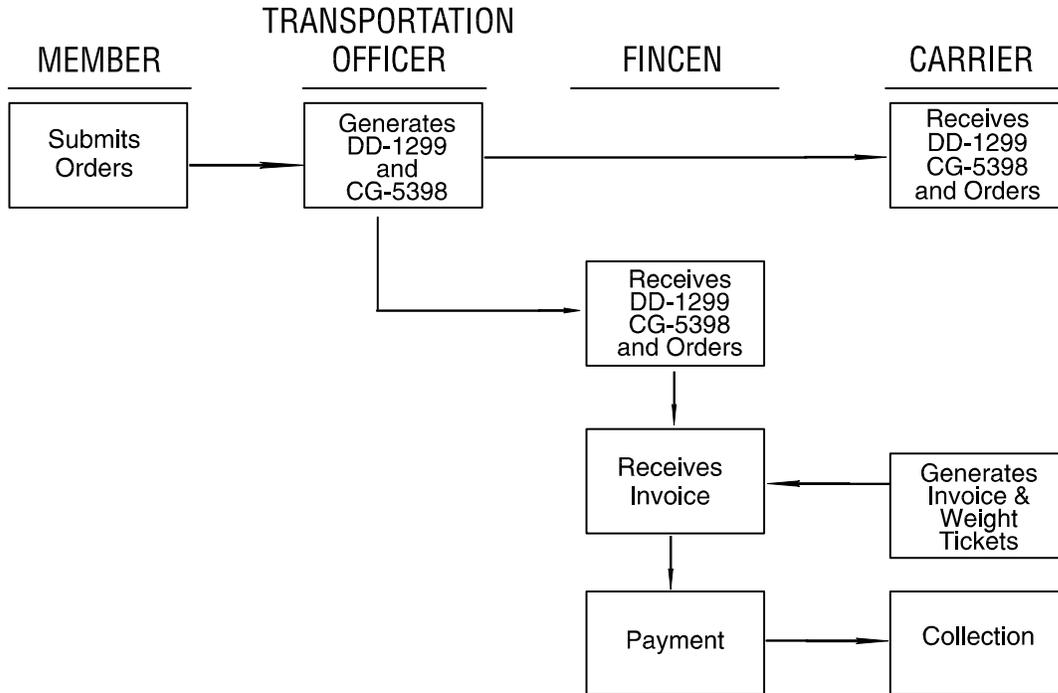


Figure 12C-22 Purchase Order for Household Goods Shipment

- a. Figure 12C-22 describes the procedures for processing a Purchase Order for Household Goods Shipment.
- b. The member submits sufficient copies of orders to satisfy distribution requirements to the Transportation Office.
- c. The Transportation Office generates and forwards to the Carrier and Document Type 17 (Non TR/GBL), USCG Finance Center, P. O. Box 4114, Chesapeake, VA 23327-4114 a separate DD-1299, CG-5398 (or OF-347) and orders for each shipment. Block 3 of DD-1299 must be numbered in chronological order when two or more shipments are made on the same PCS orders.
- d. Carrier generates and forwards necessary documents for FINCEN to process for payment.

10. Sample Forms: See Figures 12C-23, 12C-24 and 12C-25.

11. PES Report Sample:

DOCUMENT ID	TRANS CODE	BATCH NUMBER	COST CENTER	OBJ CLASS	COMMIT	UNDELIVERED ORDERS	ACCRUED EXPEND	EXPEND
1704G84PRA123D00	103F	04100F242	78040	2221	0.00	0.00	0.00	80.00

**12. References:**

- a. COMDTINST M4050.6, Coast Guard Personal Property Transportation Manual.
- b. COMDTINST M4600.12, Travel Manual.
- c. Joint Federal Travel Regulations, Volume I.

DEPARTMENT OF TRANSPORTATION U.S. COAST GUARD CG-5131 (Rev. 11-94)		STANDARD TRAVEL ORDER FOR MILITARY PERSONNEL												
1. SSN 123-12-1234		2. NAME (Last Name, First Name, MI) SMITHE, S.N.				3. RATE/RANK ENS/O-1		4. CURRENT DUTY STATION US COAST GUARD ACADEMY						
5. LEAVE ADDRESS (Street / Address, City, State, Zip / Area Code & Phone) RT 1 BOX 1 ANYTOWN, NY 01234							6. TRANSFER AUTHORITY COMDT MSG 020023Z DEC 03							
7. TRAVEL AND PAY NECESSARY TO THE EXECUTION HEREOF IS REQUIRED IN THE PUBLIC INTEREST AND IS AUTHORIZED CHARGEABLE AGAINST:														
AGENCY	DISTR	APPN CODE	LIM CODE	ALLOT FUND	ALLOT LVL	PROGRAM ELEMENT	COST CENTER	OBJECT CLASS	DOCUMENT IDENTIFICATION NUMBER			ESTIMATED COST	MISC	
									TYPE	FY	NUMBER			SUFFIX
2	P	401	299	21	0	RA	78040	2104	12	04	G84PRA123	000	1500.00	
8. DAYS AUTHORIZED DELAY EN ROUTE BY REGULATIONS OR ENDORSEMENT HEREON (Indicate number of days delay authorized): _____ TRAVEL TIME    _____ PROCEED TIME    _____ LEAVE (INCONUS)    _____ LEAVE (OUTCONUS)    _____ COMPENSATORY ABSENCE <u>30</u> NON CHARGEABLE ABSENCE    _____ DATE LINE ADJUSTMENT														
9. PROCEED AND REPORT IN THE ORDER LISTED BELOW:						SCHEDULED DEPARTURE DATE:								
UNIT/STATION/PLACE						NATURE OF DUTY			TIME/DATE REPORTING					
COMMANDING OFFICER						FASDU			REP NLT 04 JAN 22					
USCGC EVEREADY						(OBC 12345B)								
						(BCN 1234567)								
10. REMARKS/AUTHORIZATIONS/ADDITIONAL INSTRUCTIONS: 7040610 AUTHORIZED ADVANCE MILEAGE AND PERDIEM AUTHORIZED 30 DAYS NONCHARGEABLE GRADUATION LEAVE MEMBERS HOME OF RECORD: ANYTOWN, NY SPM MOVE IS AUTHORIZED														
11. Member's Acknowledgement: I have been counselled on the appropriate provisions of the JFTR and Coast Guard Directives regarding my entitlements, and have had all my questions answered. If under PCS orders, I understand I must secure a "Release From Mandatory Assignment to Government Housing" from the Local Housing Authority (LHA) prior to procuring housing in the civilian sector of the area surrounding my new duty assignment. Further, I acknowledge receipt of these orders and understand that I must submit my travel claim for certification and liquidation purposes within 3 working days of either my PCS reporting, ADT greater than 20 weeks, or completion of travel in connection with my separation.														
12a. AUTHORIZING OFFICIAL (Name, Rate/Rank, Signature) R. K. GUARD, YNCS, USCG						12b. DATE 03DEC22		13a. MEMBER'S SIGNATURE AND PLACE ORDERS RECEIVED NEW LONDON, CT			13b. DATE 03DEC22			

PREVIOUS EDITIONS ARE OBSOLETE

Figure 12C-23 CG-5131, Standard Travel Order for Military Personnel

ORDER FOR SUPPLIES AND SERVICES						PAGE	OF	PAGES
IMPORTANT: Mark all packages and papers with contract and/or order numbers.						1		1
1. DATE OF ORDER 01/10/04		2. CONTRACT NO. (if any)		6. SHIP TO:				
3. ORDER NO. DTCGG8-04-T-PRA123		4. REQUISITION/REFERENCE NO. 1704G84PRA123		a. NAME OF CONSIGNEE				
5. ISSUING OFFICE (Address correspondence to) SUPERINTENDENT U.S. COAST GUARD ACADEMY 15 MOHEGAN AVE, NEW LONDON, CT 06320				b. STREET ADDRESS				
		60100		c. CITY		d. STATE	e. ZIP CODE	
7. TO:				f. SHIP VIA				
a. NAME OF CONTRACTOR MR. H. T. TRANSFER				8. TYPE OF ORDER				
b. COMPANY NAME ROCHESTER TRANSFER AND STORAGE				<input checked="" type="checkbox"/> a. PURCHASE		<input type="checkbox"/> b. DELIVERY - Except for billing instructions on the reverse, this delivery order is subject to instructions contained on this side only of this form and is issued subject to the terms and conditions of the above- numbered contract.		
c. STREET ADDRESS 4121 FRONTAGE ROAD NORTH				REFERENCE YOUR: Please furnish the following on the terms and conditions specified on both sides of this order and on the attached sheet, if any, including delivery as indicated.				
d. CITY ROCHESTER		e. STATE MN	f. ZIP CODE 59901					
9. ACCOUNTING AND APPROPRIATION DATA 2/P/401/299/21/0/RA/78040/2221				10. REQUISITIONING OFFICE				
11. BUSINESS CLASSIFICATION (Check appropriate box(es))								
<input checked="" type="checkbox"/> a. SMALL		<input type="checkbox"/> b. OTHER THAN		<input type="checkbox"/> c. DISADVANTAGED		<input type="checkbox"/> d. WOMEN-OWNED		
12. F.O.B. POINT			14. GOVERNMENT B/L NO. UP-160,355		15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date)		16. DISCOUNT TERMS	
13. PLACE OF								
a. INSPECTION		b. ACCEPTANCE						
17. SCHEDULE (See reverse for Rejections)								
ITEM NO. (a)	SUPPLIES OR SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)		
1	PROVIDE ALL LABOR, MATERIAL, AND EQUIPMENT NECESSARY FOR PACKING, CRATING, AND DRAYAGE TO WAREHOUSE OF AN UNACCOMPANIED BAGGAGE SHIPMENT.  SHIPMENT OF: ENS SAM N. SMITHE 123-12-1234, USCG  FINCEN CUSTOMER SERVICE: 757-523-6940	1	JB	\$1,200.00	\$1,200.00	EST.		
18. SHIPPING POINT ANYTOWN, VA		19. GROSS SHIPPING WEIGHT		20. INVOICE NO.				
SEE BILLING INSTRUCTIONS ON REVERSE		21. MAIL INVOICE TO:						
		a. NAME DOCUMENT TYPE 17 (NON TR/GBL), USCG FINANCE CENTER						
		b. STREET ADDRESS (or P.O. Box) P.O. BOX 4114						
		c. CITY CHESAPEAKE		d. STATE VA	e. ZIP CODE 23327-4114	\$1,200.00		17(i) GRAND TOTAL
22. UNITED STATES OF AMERICA BY (Signature)				23. NAME (Typed) J.J. JONES, CW04, USCG, TO TITLE: CONTRACTING/ORDERING OFFICER				
Previous edition not usable								
OPTIONAL FORM 347 (Rev. 6-95) Prescribed by GSA/FAR 48 CFR 53.213(e)								

Figure 12C-24 OF-347, Order for Supplies and Services

APPLICATION FOR SHIPMENT AND / OR STORAGE OF PERSONAL PROPERTY <small>(Before completing form, read Privacy Act Statement on Page 2)</small>		1. DATE PREPARED (YYMMDD)	2. SHIPMENT NUMBER
		04-01-06	1/1
3. NAME OF PREPARING OFFICE Transp Off USCG Academy, New London, CT C706320		4. TO (Responsible origin Personal Property Shipping Office) a. NAME Transportation Officer (FL)	
5. NAME OF DESTINATION PERSONAL PROPERTY SHIPPING OFFICE T.O. USCG Base, 196 Tradd St (CAPS) Charleston, SC 29401		b. ADDRESS (Street, City, State, Zip Code) U.S. Coast Guard Academy 15 Mohegan Ave New London, CT 06320	
6. MEMBER OR EMPLOYEE INFORMATION			
a. NAME (Last, First, Middle Initial) Smithe, Sam N.	b. RANK/GRADE Ens/O-1	c. SSN 123-12-1234	d. AGENCY U.S. Coast Guard
7. REQUEST ACTION BE TAKEN TO TRANSPORT OR STORE THE FOLLOWING			
a. HOUSEHOLD GOODS / UNACCOMPANIED BAGGAGE / ITEMS / NO. OF CONTAINERS (Enter quantity estimate)			
(1) POUNDS 1500 Lbs	(2) POUNDS OF PROFESSIONAL BOOKS, PAPERS, AND EQUIPMENT (Enter none, if not applicable)	(3) EXPENSIVE AND VALUABLE ITEMS. NUMBER OF CARTONS	
b. MOBILE HOME INFORMATION (Enter dimensions in feet and inches)			
(1) SERIAL NUMBER	(2) LENGTH	(3) WIDTH	(4) HEIGHT
(5) TYPE EXPANDO (Describe)			
(6) MOBILE HOME SERVICES REQUESTED (X as applicable)			
(a) Contents Packed	(b) Mobile Home Blocked	(c) Mobile Home Unblocked	(d) Stored at Origin
(e) Stored at Destination			
8. THIS SHIPMENT/STORAGE IS REQUIRED INCIDENT TO THE FOLLOWING CHANGE OF STATION ORDERS			
a. TYPE ORDERS (X one)		b. ISSUED BY	
(1) PERMANENT	<input checked="" type="checkbox"/>	(2) TEMPORARY	
Comdt USCG		c. NEW DUTY ASSIGNMENT CGC Eveready, Portsmouth, VA	
d. DATE OF ORDERS (YYMMDD) 03-12-19	e. ORDERS NUMBER 1204G84PRA123	f. PARAGRAPH NO.	g. IN TRANSIT TELEPHONE NO. (Include Area Code) 757 123-1234
h. IN TRANSIT ADDRESS (Street, City, State, Zip Code) Rt 1 Box 1, Anytown, NY 01234			
9. PICKUP (ORIGIN) INFORMATION		10. DESTINATION INFORMATION	
a. ADDRESS (Street, Address, City, County, State, and Zip Code) (if mobile home, also include mobile home court name) U.S. Coast Guard Academy (GSK) New London, CT 06320		a. ADDRESS (Street, Address, City, County, State, and Zip Code) (if mobile home, also include mobile home court name) Rt 1 Box 1 Anytown, NY 01234	
b. PHONE NUMBER (Include Area Code) 203 444-1234		b. AGENT DESIGNATED TO RECEIVE PROPERTY Susie Smithe	
11. EXTRA PICKUP/DELIVERY ADDRESS (If applicable)			
12. SCHEDULED DATE (YYMMDD) FOR		a. PACK 04-01-15	b. PICKUP 04-01-15
		c. DELIVERY 04-02-02	
13. REMARKS			
14. I CERTIFY THAT NO OTHER SHIPMENTS AND / OR NONTEMPORARY STORAGE HAVE BEEN MADE UNDER THESE ORDERS EXCEPT AS INDICATED BELOW (If none, indicate "NONE.")			
a. FROM	b. TO	c. NET POUNDS (Actual or est.)	d. POUNDS OF PROFESSIONAL BOOKS, PAPERS, EQUIPMENT (Actual or est.)
15. CERTIFICATION OF SHIPMENT RESPONSIBILITIES / STORAGE CONDITIONS. I certify that I have read and understand my shipping responsibilities and storage conditions printed on page 2 of this form.			
a. SIGNATURE OF MEMBER/EMPLOYEE		b. DATE SIGNED	c. ADDRESS OF CONTRACTOR (Street, City, State and Zip Code)
d. NAME OF CONTRACTOR (Origin DPM or non-temporary storage)			
16. CERTIFICATE IN LIEU OF SIGNATURE ON THIS FORM IS REQUIRED WHEN REGULATIONS SO AUTHORIZE. Property is baggage, household goods, mobile home, and/or professional books, papers and equipment authorized to be shipped at government expense.			
a. REASON FOR NONAVAILABILITY OF SIGNATURE		b. CERTIFIED BY (Signature)	
		c. TITLE	

DD FORM 1299, DEC 85

Effective June 1, 1986 all previous editions of this form are obsolete.

Figure 12C-25 DD-1299, Application for Shipment and/or Storage of Personal Property