

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:														
A G E N C Y	D I S T R I C T	A P P N C O D E	L I M C O D E	A L L O T F U N D	A L L O T L V L	P R O G R A M E L E M E N T	C O S T C E N T E R	O B J E C T C L A S S	D O C U M E N T I D E N T I F I C A T I O N N U M B E R			E S T I M A T E D C O S T	M I S C	
									T Y P E	F Y	N U M B E R			S U F F I X
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 60100 U.S. COAST GUARD ACADEMY 15 MOHEGAN AVE, NEW LONDON, CT 06320				b. STREET ADDRESS							
7. TO:		a. CITY		d. STATE	e. ZIP CODE						
a. NAME OF CONTRACTOR MR. H. T. TRANSFER		b. COMPANY NAME ROCHESTER TRANSFER AND STORAGE		f. SHIP VIA							
c. STREET ADDRESS 4121 FRONTAGE ROAD NORTH		d. CITY ROCHESTER		e. STATE MN		f. ZIP CODE 59901					
9. ACCOUNTING AND APPROPRIATION DATA 2/P/401/299/21/0/RA/78040/2221				8. TYPE OF ORDER <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.							
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				10. REQUISITIONING OFFICE							
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 EMAIL ADDRESS: CSCALL@FINCEN.USCG.MIL	1	JB	\$1,200.00	\$1,200.00	EST.					
18. SHIPPING POINT ANYTOWN, VA		19. GROSS SHIPPING WEIGHT		20. INVOICE NO.		17(h) TOT. (Cont. pages)					
21. MAIL INVOICE TO:											
SEE BILLING INSTRUCTIONS ON REVERSE						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 e. ZIP CODE VA 23327-4114	
										\$1,200.00	
22. UNITED STATES OF AMERICA BY (Signature)				23. NAME (Typed) J. J. JONES, CWO4, 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	c. NEW DUTY ASSIGNMENT
(1) PERMANENT	X	(2) TEMPORARY	Comdt USCG
d. DATE OF ORDERS (YYMMDD) 03-12-19		e. ORDERS NUMBER 1204G84PRA123	f. PARAGRAPH NO.
h. IN TRANSIT ADDRESS (Street, City, State, Zip Code) Rt 1 Box 1, Anytown, NY 01234		g. IN TRANSIT TELEPHONE NO. (Include Area Code) 757 123-1234	
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