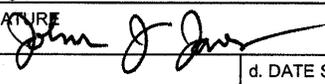


SERVICE ORDER FOR PERSONAL PROPERTY									
1. TO: (Contractor)					2. FROM (Ordering Office)				
a. NAME AMERICAN MOVERS					a. NAME TRANS OFFICER, USCG ACADEMY				
b. ADDRESS (Street, City, State, Zip Code) 1234 CUTTER WAY NEW LONDON, CT 06321					b. ADDRESS (Street, City, State, Zip Code) 15 MOHEGAN AVENUE NEW LONDON, CT 06320				
3. THIS SERVICE ORDER IS NEGOTIATED PURSUANT TO TITLE 10, U.S. CODE 2304 (a)(3). AN ORDER IS HEREBY PLACED WITH YOU, ACCEPTING YOUR OFFER (ORAL OR WRITTEN) FOR SERVICES ON (enter date) 11 FEB 2004, SUBJECT TO THE PROVISION OF THE BELOW-NUMBERED BASIC ORDERING AGREEMENT FOR THE FOLLOWING SERVICES:									
a. SCAC CODE		b. FEDERAL AGENCY		c. APPROPRIATION IDENTITY		d. BASIC ORDERING AGREEMENT NUMBER		e. MODIFICATION NUMBER	
		USCG		7040610		N00604-03-4138			
f. SERVICE ORDER NUMBER			g. LOT NUMBER			h. LOCATION OF PROPERTY (Street, City, State, Zip Code)			
(1) OLD			CG0002			INTERNATIONAL TRANSPORT 1527 BOAT ST, NEW LONDON, CT 06321			
(2) NEW 1793019									
i. ESTIMATED STORAGE PERIOD		j. PICK-UP DATE (YYMMDD)		k. STORAGE EXPIRATION DATE (YYMMDD)		l. ESTIMATED WEIGHT		m. WEIGHT IN STORAGE (ACTUAL)	
07MOS		040120		040820		2000			
n. OWNER									
(1) NAME (Last, First, Middle Initial) SMITH, SAM N.					(2) PERMANENT ADDRESS (Street, City, State, Zip Code)				
(3) PAY GRADE ENS/O-1			(4) SSN 123-12-1234						
4. NEW ACCOUNTS									
a. SERVICES ORDERED									
(1) PACKING ITEM I		(2) SPECIAL SERVICES			(3) DRAYAGE-IN ITEM III		(4) HANDLING-IN ITEM IV		(5) STORAGE ITEM V
		(a) WARDROBE ITEM IIA	(b) EXPENSIVE/ VALUABLE ITEM IIB						
RATE		NO.	RATE	NO.	RATE	ZONE	RATE	RATE	RATE
\$ 11.50			\$ 0.00		\$ 0.00		\$ 10.25	\$ 1.00	\$ 2.77
5. REMOVAL ACTIONS									
a. APPROPRIATION IDENTITY			b. STORAGE REMOVAL DATE (YYMMDD)			c. DELIVERY ADDRESS (Street, City, State, Zip Code)			
d. SERVICES ORDERED									
(1) HANDLING IN ITEM IV	(2) HANDLING OUT ITEM VI	(3) DRAYAGE-OUT ITEM VII		(4) UNPACKING ITEM VIII	(5) WEIGHT REHANDLED	(6) WEIGHT REMOVED	(7) WEIGHT REMAINING		
RATE	RATE	ZONE	RATE	RATE					
\$ 0.00	\$ 0.00	N/A	\$	\$ 0.00					
6. REMARKS									
BILLING WILL BE SUBMITTED QUARTERLY AND IN ARREARS. PLATFORM SCALES AUTHORIZED. PLEASE MAIL INVENTORY SHEETS AND WEIGHT CERTIFICATES TO BLOCK 2. MBR PRESENT UNIT USCGC.									
7. SPECIAL INSTRUCTIONS									
a. Mail invoices to: DOCUMENT TYPE 17, USCG FINANCE CENTER, PO BOX 4114, CHESAPEAKE, VA 23327-4114									
b. Storage Authority: 1204G84PRA123									
c. Maximum weight chargeable to government 2000 Lbs. Weight in excess of such maximum will be charged to the owner.									
d. Estimated Cost of the Service(s) is \$ 1200.00 You are not to perform any service which will result in contract costs in excess of the above sum, unless authorized in writing by the ordering officer.									
e. Accounting classification: 2/P/401/299/21/0/RA/78040/255C									
8. CERTIFICATION (To be completed by Ordering Office)									
Commercial storage has been determined to be more economical than government storage.									
a. TYPED NAME (Last, First, Middle Initial) JONES, JOHN J., CWO4, TO, USCG					b. SIGNATURE 				
c. TITLE TRANSPORTATION OFFICER							d. DATE SIGNED 12JAN04		

DD Form 1164, JAN 85

Previous editions are obsolete.

Uniformed Service Finance Office Copy

Figure 12C-27 DD-1164, Service Order for Personal Property

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			4. TO (Responsible origin Personal Property Shipping Office)		
Transp Off USCG Academy, New London, CT C706320			a. NAME Transportation Officer (FL)		
5. NAME OF DESTINATION PERSONAL PROPERTY SHIPPING OFFICE			b. ADDRESS (Street, City, State, Zip Code)		
T.O. USCG Base, 196 Tradd St (CAPS) Charleston, SC 29401			U.S. Coast Guard Academy 15 Mohegan Ave New London, CT 06320		
6. MEMBER OR EMPLOYEE INFORMATION					
a. NAME (Last, First, Middle Initial)		b. RANK/GRADE	c. SSN	d. AGENCY	
Smithe, Sam N.		Ens/O-1	123-12-1234	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)					
(c) Mobile Home Unblocked		(a) Contents Packed		(b) Mobile Home Blocked	
		(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		CGC Eveready, Portsmouth, VA
d. DATE OF ORDERS (YYMMDD)		e. ORDERS NUMBER		f. PARAGRAPH NO.	g. IN TRANSIT TELEPHONE NO. (Include Area Code)
03-12-19		1204G84PRÄ123			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)			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			Rt 1 Box 1 Anytown, NY 01234		
b. PHONE NUMBER (Include Area Code)			b. AGENT DESIGNATED TO RECEIVE PROPERTY		
203 444-1234			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-28 DD-1299, Application for Shipment and/or Storage of Personal Property

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-29 CG-5131, Standard Travel Order for Military Personnel