

APPENDIX G

1 Sample of U.S. Government Bill of Lading

U.S. GOVERNMENT BILL OF LADING

ORIGINAL

B/L NO. **D-0338693**

1. TRANSPORTATION COMPANY TENDERED TO		2. SCAC	3. DATE B/L PREPARED	4. ROUTE ORDER/RELEASE NUMBER
5. DESTINATION (Name, address and ZIP code)		6. SPLC (Dest.)	8. ORIGIN (Name, address and ZIP code)	
		7. SPLC (Orig.)		
9. CONSIGNEE (Name, address and ZIP code of installation)		10. GBLOC (Cons.)	11. SHIPPER (Name, address and ZIP code)	
12. APPROPRIATION CHARGEABLE			13. BILL CHARGES TO (Dept./agency, bureau/office mailing address and ZIP code)	
14. VIA (Route shipment when advantageous to the Government)			AGENCY LOC CODE	
15. MARKS AND ANNOTATIONS (If extra services are ordered, see Administrative Directions No. 2 on reverse)				
15A. DDD      TP.				

16. PACKAGES NO.	17. KIND	17. HM	18. DESCRIPTION OF ARTICLES (Use carrier's classification or tariff description if possible; otherwise use a clear nontechnical description)	19. WEIGHT* (Pounds only)	FOR USE OF BILLING CARRIER ONLY		
					Services	Rate	Charges
			CLASSIFICATION ITEM NO.				
TOTAL CHARGES							

20. TARIFF/SPECIAL RATE AUTHORITY		21. PICKUP SERV. FURNISHED <input type="checkbox"/> YES VEHICLE FULLY LOADED <input type="checkbox"/> YES		SHIPPER'S INITIALS	22. CARRIER WAY/FREIGHT BILL NO. AND DATE	
23. STOP THIS SHIPMENT AT		24. FURNISH INFORMATION ON CAR/TRUCKLOAD/CONTAINER SHIPMENTS				
		INITIALS & NO.	SEAL NUMBERS	LENGTH/CUBE		MARKED CAPACITY
				ORDERED	FURNISHED	ORDERED
						FURNISHED
FOR:		APPLIED BY:				
25. CARRIER'S PICKUP DATE (Year, month, & day)		26a. SIGNATURE OF AGENT		26b. PER	B/L NUMBER	
/ /					<b>D-0338693</b>	

27. MODE	28. ESTIMATE	29. NO. OF CLS/TLS	30. TYPE RATE	31. PSC	32. REASON	Received by the transportation company named above, subject to conditions named on the reverse hereof, 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.
----------	--------------	--------------------	---------------	---------	------------	--

FOR USE OF ISSUING OFFICE				CERTIFICATE OF CARRIER BILLING—CONSIGNEE MUST NOT PAY ANY CHARGES			
33a. ISSUING OFFICE (Name and complete address)				34a. DELIVERED ON (Year, month & day)		34b. AT (Actual delivery point)	
DCASMA OTTAWA P.O. BOX 3416, STATION "D" OTTAWA, ONTARIO CANADA K1P 6L4				/ /			
33c. ISSUING OFFICER				34c. BY (Name of delivering carrier)			
33d. CONTRACT/PURCHASE ORDER NO. OR OTHER AUTHORITY				34d. DELIVERED THIS CONSIGNMENT COMPLETE & IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED <input type="checkbox"/> SHORTAGE <input type="checkbox"/> DAMAGED			
33e. DATED				34e. <input type="checkbox"/> CARRIER OS&D REPORT ATTACHED <input type="checkbox"/> DELIVERY AT DESTINATION FURNISHED <input type="checkbox"/> ACCESSORIAL SERVICES CERTIFICATION ATTACHED		34f. NAME OF BILLING CARRIER	
33f. FOB POINT NAMED IN CONTRACT				34g. SIGNATURE OF CARRIER'S AGENT			