

SHIPMENT SUMMARY WORKSHEET

PREPARATION DATE (DD-MMM-YYYY)

MEMBER/EMPLOYEE INFORMATION

NAME (LAST SUFFIX, FIRST MIDDLE)		SSN (LAST 4 DIGITS)	DOD ID
SERVICE BRANCH/AGENCY	RANK/GRADE	PREFERRED EMAIL	PREFERRED PHONE

ORDERS/ACCOUNTING INFORMATION

ORDER ISSUE DATE	ORDERS TYPE/ORDERS NUMBER	ISSUING BRANCH/AGENCY	NEW DUTY ASSIGNMENT
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ENTITLEMENTS/MOVE SUMMARY

MAXIMUM WEIGHT ENTITLEMENT		POV SHIPMENT AUTHORIZED	AUTHORIZED ORIGIN
Entitlement	LBS	SIT STORAGE ENTITLEMENT	AUTHORIZED DESTINATION
Pro-Gear	LBS		
Spouse Pro-Gear	LBS		MILEAGE TOTAL
TOTAL WEIGHT	LBS		

SHIPMENTS

Shipment no./Type	Pickup date	Shipment weight	Current shipment status
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STORAGE

Shipment no./Type	Entry date	Storage end date	Total days in storage
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MAXIMUM OBLIGATIONS

100% GCC	LBS
95% GCC	
SIT	
MAX ADVANCE	

ACTUAL OBLIGATIONS (based on above shipments and storage)

100% GCC	LBS
95% GCC	
SIT	
MAX ADVANCE	

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FINANCE/PAYMENT

LOA CODE (SDN OR SAC)

TAC OR MDC

Payment will be processed at the following rate:

☐ 95% GCC☐ Up to 100% GCC*☐ NA (SIT only)

* If total non-storage expenses exceed 95% GCC, incentive payment will be either 100% GCC or the total of non-storage expenses, whichever is lower.

PREVIOUSLY SUBMITTED CLAIMS (self-disclosed – advances of other previous payments)

Shipment no./Type

Transaction type

Payment amount

CURRENT PAYMENT REQUEST

CLAIMABLE EXPENSES

Member-paid

GTC-paid

Contracted expenses

Rental equipment

Consumable packing materials

Weighing fees

Gas

Tolls

Oil

Other

TOTAL

EXPENSES

Member-paid expenses

GTC-paid expenses

TOTAL

SIT

Member-paid SIT

GTC-paid SIT

TOTAL

*Any money paid to member above the amount of claimable expenses listed above will be subject to tax at standard rate (estimated 22%). SIT reimbursements are not subject to tax. Service Member is responsible for all appropriate taxes and should consult an income tax expert for more information.

DISBURSEMENT

GTC

GROSS - MILPAY*

GROSS PAY - OTHER

TRUSTED AGENTS (ALLOWED TO ACT ON SERVICE MEMBER'S BEHALF VIA LETTER OF AUTHORIZATION)

NAME

AUTHORIZATION DATE
(DD-MMM-YYYY)

EMAIL

PHONE

LEGAL AGREEMENTS / PRIVACY ACT - SERVICE MEMBER

Financial Liability:

If this shipment(s) incurs costs above the allowance I am entitled to, I will pay the difference to the government, or consent to the collection from my pay as necessary to cover all excess costs associated by this shipment(s).

Advance Obligations:

I understand that the maximum advance allowed is based on the estimated weight and scheduled departure date of my shipment(s). In the event, less weight is moved or my move occurs on a different scheduled departure date, I may have to remit the difference with the balance of my incentive disbursement and/or from the collection of my pay as may be necessary.

If I receive an advance for my PPM shipment, I agree to furnish weight tickets within 45 days of final delivery to my destination. I understand that failure to furnish weight tickets within this timeframe may lead to the collection of my pay as necessary to cover the cost of the advance.

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PREPARATION DATE (DD-MMM-YYYY)

ENCLOSED DOCUMENTATION

- | | | |
|---|---|--|
| <input type="checkbox"/> Orders (with all Amendments) | <input type="checkbox"/> Destination weight ticket (Full) | <input type="checkbox"/> Vehicle registration |
| <input type="checkbox"/> Origin weight ticket (Empty) | <input type="checkbox"/> Weight ticket (Other) | <input type="checkbox"/> DD-FMS-2231 Direct Deposit Form |
| <input type="checkbox"/> Origin weight ticket (Full) | <input type="checkbox"/> Reimbursable expense receipts | <input type="checkbox"/> Other expenses |

SIGNATURES

SERVICE MEMBER SIGNATURE

DATE

PPPO REVIEWER SIGNATURE

PRINTED NAME

DATE

OFFICE

EMAIL

PHONE

TRANSPORTATION OFFICE SIGNATURE

PRINTED NAME

DATE

EMAIL

PHONE

REQUEST/AUTHORIZATION FOR DOD CIVILIAN PERMANENT DUTY OR TEMPORARY CHANGE OF STATION (TCS) TRAVEL

(Reference: Joint Travel Regulations) (Read Privacy Act Statement on back before completing form.)

SECTION I - REQUEST FOR OFFICIAL TRAVEL

1. DATE (YYYYMMDD) 20180919	2. NAME (Last, First, Middle) Doe, John, M.	3. SOCIAL SECURITY NUMBER 123-45-6789
4. NEW POSITION TITLE Equipment Specialist	5. GRADE OR RATING GS-11	6. RETIREMENT CODE (Insert retirement code from Block 30 of employee's most recent SF-50. If unknown, employee should contact their servicing personnel office.) KF
7. RELEASING OFFICIAL STATION AND LOCATION, OR ACTUAL RESIDENCE Tobyhanna Army Depot 11 Hap Arnold Blvd Tobyhanna, PA 18466 Duty Station: Fort Bliss, TX		8. NEW OFFICIAL STATION AND LOCATION, ACTUAL RESIDENCE OR ALTERNATE DESTINATION Tobyhanna Army Depot 11 Hap Arnold Blvd Tobyhanna, PA 18466 Duty Station: Fort Hood, TX
9. REPORTING DATE AT NEW DUTY STATION (YYYYMMDD) o/a 20181028		
10. TRAVEL PURPOSE <input checked="" type="checkbox"/> BETWEEN OFFICIAL STATIONS <input type="checkbox"/> RENEWAL AGREEMENT <input type="checkbox"/> RETURN FROM OVERSEAS FOR SEPARATION <input type="checkbox"/> TEMPORARY CHANGE OF STATION <input type="checkbox"/> OTHER	11. TRANSPORTATION MODE <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> COMMERCIAL MILEAGE RATE: \$ IAW JTR <input checked="" type="checkbox"/> POC <input type="checkbox"/> RAIL <input type="checkbox"/> AIR	12a. PER DIEM FOR EMPLOYEE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO b. PER DIEM FOR DEPENDENT(S) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
13a. ROUND TRIP TRAVEL FOR HOUSE-HUNTING <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> ACTUAL EXPENSE <input type="checkbox"/> FIXED	14a. TEMPORARY QUARTERS SUBSISTENCE EXPENSE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> ACTUAL EXPENSE <input checked="" type="checkbox"/> FIXED	15a. HOUSEHOLD GOODS (HHG) SHIPMENT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> COMMUTED RATE <input checked="" type="checkbox"/> GOVERNMENT BILL OF LADING (GBL)
b. NUMBER OF DAYS (Including travel)		b. NUMBER OF DAYS AUTHORIZED 30
16. OTHER AUTHORIZED EXPENSES <input checked="" type="checkbox"/> TEMPORARY STORAGE OF HHG <input type="checkbox"/> NONTEMPORARY STORAGE OF HHG <input type="checkbox"/> RELOCATION SERVICES <input type="checkbox"/> PROPERTY MANAGEMENT SERVICES <input checked="" type="checkbox"/> REAL ESTATE EXPENSES <input type="checkbox"/> UNEXPIRED LEASE <input checked="" type="checkbox"/> RELOCATION INCOME TAX ALLOWANCE <input type="checkbox"/> POV SHIPMENT <input type="checkbox"/> CONUS <input type="checkbox"/> OCONUS <input checked="" type="checkbox"/> MISCELLANEOUS EXPENSES TRAVEL ADVANCE AUTHORIZED (Amount) \$		17. DEPENDENT TRAVEL <input checked="" type="checkbox"/> CONCURRENT <input type="checkbox"/> DELAYED <input type="checkbox"/> EARLY RETURN <input type="checkbox"/> NOT AUTHORIZED
18a. DEPENDENT TRAVEL FROM (Home Address) 1234 Your Street El Paso, TX 79911		b. TO (New PDS) vicinity of Fort Hood, TX

19. DEPENDENTS											
a. NAME (Last, First, Middle Initial)	b. RELATIONSHIP	c. DATE OF BIRTH (YYYYMMDD)									
Doe, Jane, F.	Spouse										
Smith, Nancy, F.	Step-Child	20110802									
Doe, Fawn, F.	Child	20150513									
Doe, Buck, M.	Child	20160715									
20. ESTIMATED COST <table style="width: 100%;"> <tr> <td style="width: 25%;">a. PER DIEM</td> <td style="width: 25%;">b. TRAVEL</td> <td style="width: 25%;">c. OTHER</td> <td style="width: 25%;">d. TOTAL</td> </tr> <tr> <td>\$ 510.25</td> <td>\$ 108.36</td> <td>\$ 23,450.54</td> <td>\$ 24,069.15</td> </tr> </table>		a. PER DIEM	b. TRAVEL	c. OTHER	d. TOTAL	\$ 510.25	\$ 108.36	\$ 23,450.54	\$ 24,069.15	21. TRANSPORTATION AGREEMENT SIGNED (X one) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO DATE SIGNED (YYYYMMDD) 20180830	
a. PER DIEM	b. TRAVEL	c. OTHER	d. TOTAL								
\$ 510.25	\$ 108.36	\$ 23,450.54	\$ 24,069.15								

SECTION II - AUTHORIZATION FOR OFFICIAL TRAVEL

22. ACCOUNTING CITATION 97X4930 (Your Line of Accounting will be here) SDN: DOE6789PK90001 EORs: 21P4/22NL/2578/126B/122B/123B/124B		
23. APPROVING OFFICIAL a. TITLE Resources, Human, R. Director, Resource Management	b. SIGNATURE Human R. Resources	
24. AUTHORIZING/ORDER-ISSUING OFFICIAL a. TITLE Boss, Theodore, A. Deputy Commander	b. SIGNATURE Theodore A. Boss	c. ORGANIZATION ADDRESS Tobyhanna, PA 18466
25. TRAVEL AUTHORIZATION NUMBER DOE6789PK90001	26. DATE ISSUED (YYYYMMDD) 20180919	

PRIVACY ACT STATEMENT

(5 U.S.C. §552a)

AUTHORITY: 5 U.S.C. §§5701, 5702; and E.O. 9397 (SSN).

PRINCIPAL PURPOSE(S): Used as authority to issue transportation documents, bills of lading for household goods and automobiles, and as a supporting authorization for cash payment of travel and transportation allowances.

ROUTINE USE(S): None.

DISCLOSURE: Voluntary; however, failure to provide the requested information may preclude timely consideration of your request.

SECTION III - ADMINISTRATIVE INFORMATION

27. CLAIMANT - FORWARD COMPLETED SETTLEMENT CLAIM TO THE FOLLOWING ADDRESS:

(Losing/Gaining Activity - provide the address to where the employee should submit this claim for final disbursement.)

By mail: DFAS Rome, ATTN: Travel, 325 Brooks Road, Rome, NY 13441-4527

By email: dfas.rome.jft.mbx.civrel-vouchers@mail.mil

By Travel Voucher Direct located on the DFAS website at www.dfas.mil

28. REMARKS OR OTHER AUTHORIZATIONS (Use this space for special requirements, leave, excess baggage, etc., or other authorization.)

This PDT/TCS travel authorization may be amended by the gaining activity. Expenses/charges not allowed at Government expense are the financial responsibility of the employee concerned.

Voucher for settlement of claim for travel to be submitted within five (5) days after entry on duty. Traveler must maintain copies of all receipts applicable to voucher.

Contact the local installation Transportation Office to make arrangements for movement of HHGs.

Movement of Household Goods (HHGs) will be by Government Bill of Lading (GBL).

Shipment of HHGs is authorized not in excess of 18,000 lbs.

Estimated Cost of Transportation of HHGs is \$6,671.00

Estimated Cost of Storage of HHGs is \$8,504.54

Temporary storage of HHGs is authorized not to exceed 60 days.

Estimated cost of TQSE is \$6,975.00

Miscellaneous expense is \$1,300.00 for employee with dependents.

Employee can use their Government Charge Card for this PCS move. If the employee is on TQSE at the new duty station, you can use the card for M&IE as long as the account is in PCS status. If you are no longer in temporary quarters, you cannot use the card for M&IE at the new duty station. Employee must stay within the (M&IE) per diem costs authorized on the PCS orders.

The period of time an employee has to use his/her PCS entitlements is now 1 year from Block #9.

TICKET NUMBER
1000322061569



**CERTIFIED
AUTOMATED
TRUCK
SCALE**

CAT SCALE COMPANY
P.O. BOX 630
WALCOTT, IA 52773
(877) 228-7225
www.catscale.com

15:12

SCALE: 3
LOCATION: IOWA 80 TA
I 80 EXIT 284
WALCOTT IA

PUBLIC WEIGHMASTER'S
CERTIFICATE OF
WEIGHT & MEASURE

THE CAT SCALE GUARANTEE

The CAT Scale Company guarantees that our scales will give an accurate weight. What makes us different from other scale companies is that we back up our guarantee with cash.®

WEIGH WHAT WE SAY OR WE PAY®

If you get an overweight fine from the state AFTER one of our CAT Scales showed a legal weight, we will immediately check our scale and we will:

- (1) Reimburse you for the cost of the overweight fine if our scale is wrong, **OR**
- (2) A representative of CAT Scale Company will appear in court WITH the driver as an expert witness if we believe our scale was correct.

IF YOU SHOULD GET AN OVERWEIGHT FINE, YOU SHOULD DO THE FOLLOWING TO GET THE PROBLEM RESOLVED:

- 1) Post bond and request a court date.
- 2) Call CAT Scale Company direct 24 hours a day at 1-877-CAT-SCALE, ext. 7 (Toll Free) or visit www.catscaleguarantee.com for instructions.
- 3) **IMMEDIATELY** send a copy of the citation, CAT Scale Ticket, your name, company, address, and phone number to CAT Scale Company Attn: Guarantee Department.

*The four weights shown below are separate weights. The GROSS WEIGHT is the CERTIFIED WEIGHT and was weighed on a full length platform scale. All weights are guaranteed by CAT Scale.

DATE: 3-02-22

STEER AXLE 11000 lb

DRIVE AXLE 31000 lb

TRAILER AXLE 29800 lb

* GROSS WEIGHT 71800 lb

This is to certify that the following described merchandise was weighed, counted, or measured by a public or deputy weighmaster, and when properly signed and sealed shall be prima facie evidence of the accuracy of the weight shown as prescribed by law.

FEE INCLUDES APPLICABLE SALES TAX

**WEIGH TO WIN
SWEEPSTAKES**

*Register to win a
new truck at
weightowin.com
Instant prizes too!*

COMPLETE OFFICIAL
RULES AVAILABLE AT
WEIGHTOWIN.COM

LIVESTOCK, PRODUCE, PROPERTY, COMMODITY, OR ARTICLE WEIGHED FREIGHT ALL KINDS

COMPANY CAT SCALE TRACTOR # L65462 TRAILER # H759

FEE \$12.50 WEIGHMASTER OR
WEIGHER SIGNATURE [Signature] TICKET # OF
FULL \$ WEIGH (IF REWEIGH)

WEIGH NUMBER

TICKET NUMBER
1999122347058



**CERTIFIED
AUTOMATED
TRUCK
SCALE**

CAT SCALE COMPANY
P.O. BOX 680
WALCOTT, IA 52773
(877) 228-7225
www.cat-scale.com

08/32

SCALE:
LOCATION:

9991
IOWA 80 TA
I 80 EXIT 284
WALCOTT IA

PUBLIC WEIGHMASTERS
CERTIFICATE OF
WEIGHT & MEASURE

THE CAT SCALE GUARANTEE

The CAT Scale Company guarantees that our scales will give an accurate weight. What makes us different from other scale companies is that we back up our guarantee with cash.®

WEIGH WHAT WE SAY OR WE PAY®

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DATE:	12-13-22	STEER AXLE	11780 LB
		DRIVE AXLE	32280 LB
		TRAILER AXLE	31440 LB
		* GROSS WEIGHT	75500 LB

This is to certify that the following described merchandise was weighed, counted, or measured by a public or deputy weighmaster, and when properly signed and sealed shall be prima facie evidence of the accuracy of the weight shown as prescribed by law.

FEE INCLUDES APPLICABLE SALES TAX

LIVESTOCK, PRODUCE, PROPERTY, COMMODITY, OR ARTICLE WEIGHED

FREIGHT ALL KINDS

COMPANY MY TRUCKING COMPANY

TRACTOR # 001

TRAILER # 002

FEE \$13.00

WEIGHMASTER OR
WEIGHER SIGNATURE

[Signature]

TICKET # OF
FULL S WEIGHT
OR TOWERS

WEIGH NUMBER

WEIGH
FIND IT
FASTER
WITH
IT
WEIGH
TRUCK
CAT
PP
COM

Vehicle Title Application

Vehicle – Please type or print plainly										Permit number												
<input type="checkbox"/> Lease <input type="checkbox"/> Plate transfer: number _____ <input type="checkbox"/> Title purposes only																						
Vehicle identification number (VIN)					Condition <input type="checkbox"/> New <input type="checkbox"/> Used		Vehicle type Choose one			Primary use type Choose one			Fuel type									
Model year		Make			Model					Body style			Motorcycle style									
GV weight rating		Scale wt		Gross weight		Mo GWT		Seats		Trl axles		Color #1		Color #2		Equip number Purchase price						
Wheels		Rental number		Fleet		Engine (MC)		Motor home/Cycle/WATV eng		Schematic		Leag/ndtr		Quick title		Discover pass		Park donation				
																<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No				

Registered owner – For additional owners, see Vehicle Title Application Additional Owners, form [420-001A](#). Washington primary residence street address or Washington principal place of business street address is required on the vehicle record. For exceptions, see [Primary Residence Address Exception](#), form 420-004.

1	Owner type	ID type	Driver license/ID/TIN/EIN/UBI no		Expiration date	Phone type	(Area code) phone number	
	Choose one	Choose one				Choose one		
Registered owner full name (<i>Last, First, Middle, Suffix</i>) or Business name								
Washington primary residence address (<i>if an individual</i>) or Washington principal place of business address (<i>if a business</i>)								
Mailing address, if different than residence address (<i>Street address or PO Box, City, State, ZIP code</i>) or exception address								
One-time mailing address, if applicable								
Email address						Paperless renewal option <input type="checkbox"/> Notify me by email when it's time to renew my vehicle		
2	Owner type	Ownership—Joint tenants w/right of survivorship (JTWROS)	ID type	Driver license/ID/TIN/EIN/UBI no		Expiration date	(Area code) phone number	
	Choose one	<input type="checkbox"/> Yes <input type="checkbox"/> No	Choose one					
Registered owner full name (<i>Last, First, Middle, Suffix</i>) or Business name								

Legal owner/Lienholder* – Fill out if different than registered owner. For additional legal owner/lienholders, see [Vehicle Title Application Additional Owners](#), form 420-001A. *Approved lienholder may be added by selling dealer at a later time.

Name of legal owner/lienholder (<i>Last, First, Middle initial or Business name</i>)				
Legal owner/Lienholder type	ID type	Driver license/ID/TIN/EIN/UBI number		Expiration date
Choose one	Choose one			
Mailing address (<i>Street address or PO Box, City, State, ZIP code</i>)				

Dealer

Dealer type	Dealer no	Dealer name	Sale date	Delivery date	Vehicle status
Choose one:					<input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Prev titled
I certify that this information is correct. The vehicle is clear of encumbrances except as shown. Any required sales tax has been collected.				Dealer authorized signature X	

Anyone who knowingly makes a false statement may be guilty of a felony under state law and upon conviction shall be punished by a fine, imprisonment, or both. I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

X

X

LIVING & FAMILY ROOMS

Item	cu.ft.	# of pieces	total cu.ft.
Bar, Portable	15		0
Bench, Fireside, Piano	5		0
Bookcase	20		0
Bookshelves, Sectional	5		0
Chair, Arm	10		0
Chair, Occasional	15		0
Chair, Overstuffed	25		0
Chair, Rocker	12		0
Chair, Straight	5		0
Clock, Grandfather	20		0
Clock, Grandmother	15		0
Day bed	30		0
Desk, Small, or Winthrop	22		0
Desk, Secretary	35		0
Fire place Equip.	5		0
Foot stool	2		0
Lamp, Floor or Pole	3		0
Magazine Rack	2		0
Music Cabinet	10		0
Other			0
		0	0

Item	cu.ft.	# of pieces	total cu.ft.
Piano, Baby Grand or Upright	70		0
Piano, Parlor Grand	80		0
Piano, Spinet	60		0
Radio, Table	2		0
Rugs/Pad Large	10		0
Rugs/Pad Small	3		0
SOFA, 2 cushion	35		0
SOFA, 3 Cushion	50		0
SOFA, 4 Cushion	60		0
SOFA, Sectional, each section	30		0
SOFA Rattan/Wicker	10		0
STEREO	20		0
Studio Couch, Hide-a-bed	50		0
Table, Drop leaf, occasional	12		0
Table, Coffee, End, Nest	5		0
Telephone Stand & Chair	5		0
Television, Combination	25		0
Television/ Radio Console	15		0
Television, Table model	10		0
TV, Big Screen over 52Inch	40		0
Other			0
		0	0
			0
		0	
			0

Total number of items in this section		0
Total cube for this section		
Constructed Weight for this section		0

DINING ROOM

Item	cu.ft.	# of pieces	total cu.ft.	Item	cu.ft.	# of pieces	total cu.ft.
Bench, Harvest	10		0	Server	15		0
Buffet, Base	30		0	Table, Dinette	15		0
Buffet, Top	20		0	Table Extension	30		0
Cabinet, Corner	20		0	Tea Cart	5		0
Cabinet, China	25		0	Rugs/Pad Large	10		0
Chair Arm	8		0	Rugs/Pad Small	3		0
Chair, Straight	5		0			0	0
		0	0	Total number of items in this section			0
				Total cube for this section		0	
				Constructed Weight for this section			0

BEDROOM

Item	cu.ft.	# of pieces	total cu.ft.	Item	cu.ft.	# of pieces	total cu.ft.
Bed-To Include Box Spring & Mattress				Chair, straight/ Rocker	5		0
Bed, Bunk, set of 2	70		0	Chaise Lounge	25		0
Bed, Single	40		0	Dresser, Double	50		0
Bed, Double	60		0	Dresser, Triple	60		0
Bed, King/Queen	70		0	Night Table	5		0
Bed, Rollaway	20		0	Rugs/Pad Large	10		0
Bed, Waterbed base	10		0	Rugs/Pad Small	3		0
Bookshelves	5		0	Vanity Dresser	20		0
Bureau, Dresser,	25		0	Vanity Bench	3		0
Chest of drawers	40		0	Wardrobe, small	20		0
Cedar Chest	15		0	Wardrobe, Large	40		0
Chair, Boudoir	10		0			0	0
		0	0	Total number of items in this section			0
				Total cube for this section		0	

Constructed Weight for this section

0

DEN, OFFICE, STUDY

Item	cu.ft.	# of pieces	total cu.ft.
Bookcase	20		0
Chair, Swivel, office	8		0
Copier/Printer, large	12		0
Desk, Computer	25		0
Desk, Hutch	28		0
Other			0
Other			0
		0	0

Item	cu.ft.	# of pieces	total cu.ft.
Desk, Office	30		0
Desk, Secretary	35		0
File Cabinet, 2 Drawer	6		0
File Cabinet, 3 Drawer	8		0
File Cabinet, 4 Drawer	10		0
File Cabinet, Lateral	15		0
Table	5		0
		0	0

Total number of items in this section

0

Total cube for this section

0

Constructed Weight for this section

0

NURSERY

Item	cu.ft.	# of pieces	total cu.ft.
Bassinet	3		0
Bed, Youth	30		0
Chair, Childs	3		0
Chair, High	5		0
Chest of drawers	12		0
Chest, Toy	5		0
Crib, Baby	10		0
		0	0

Item	cu.ft.	# of pieces	total cu.ft.
Table, Childs	5		0
Play Pen	5		0
Rugs/Pad Large	10		0
Rugs/Pad Small	3		0
Stroller, Baby	8		0
		0	0

Total number of items in this section

0

Total cube for this section

0

Constructed Weight for this section

0

KITCHEN

Item	cu.ft.	# of pieces	total cu.ft.	Item	cu.ft.	# of pieces	total cu.ft.
Chair, High	5		0	Roaster	5		0
Ironing Board	2		0	Serving Cart	15		0
Kitchen Cabinet	20		0	Stool	3		0
Kitchen Chair	5		0	Table. Small	5		0
Kitchen Table	10		0	Utility Cabinet	10		0
Microwave stand/Cart	8		0	Vegetable/Rice Bin	3		0
		0	0			0	0
				Total number of items in this section			0
				Total cube for this section		0	
				Constructed Weight for this section			0

APPLIANCES

Item	cu.ft.	# of pieces	total cu.ft.	Refrigerator, Cubic Cap	cu.ft.	# of pieces	total cu.ft.
Air Conditioner	30		0	10 -15	25		0
Dehumidifier	10		0	16 -18	30		0
Dishwasher	20		0	19 -21	37		0
Dryer, Clothes Gas/Electric	25		0	22 and Over	44		0
Freezer Cubic Cap				Side By Side	52		0
9 or less	16		0	Stack, Washer/Dryer	46		0
10 to15	25		0	Vacuum	5		0
16 to 18	30		0	Washing Machine	25		0
19 and Over	32		0			0	0
Mangle Iron	12		0	Total number of items in this section			0
Range, Gas/Electric	30		0	Total cube for this section		0	
		0	0	Constructed Weight for this section			0

PORCH, OUTDOOR, FURNITURE & EQUIPMENT

Item	cu.ft.	# of pieces	total cu.ft.
Barbecue/Port Grill	10		0
Birdbath	5		0
Chair, Lawn	5		0
Chair, Porch	10		0
Clothes Line	5		0
Clothes, Dryer/Rack	5		0
Garden Hose & Tools	10		0
Glider or Settee	20		0
Ladder, extension	10		0
Lawn Mower, Hand	5		0
Lawn Mower, Power	15		0
Lawn Mower, Riding	35		0
Leaf Sweeper	5		0
Outdoor Childs Slide	10		0
Outdoor Childs Gym	20		0
Outdoor Drying Rack	5		0
		0	0

Item	cu.ft.	# of pieces	total cu.ft.
Outdoor Swing	30		0
Picnic Table	20		0
Picnic Bench	5		0
Porch Chair	10		0
Rocker/Swing	15		0
Roller, Lawn	15		0
Rug, Large	7		0
Rug, Small	3		0
Sandbox	10		0
Settee	20		0
Spreader	1		0
Table	10		0
Umbrella	5		0
Wheel Barrow	8		0
		0	0
Total number of items in this section			0
Total cube for this section			0
Constructed Weight for this section			0

EXERCISE & SPORT EQUIPMENT

Item	cu.ft.	# of pieces	total cu.ft.
Bicycle	7		0
Camp Stove	5		0
Cooler, small	3		0
Cooler, Large	5		0
Exercise Bike	10		0
Other			0
Other			0
Other			0
		0	0

Item	cu.ft.	# of pieces	total cu.ft.
Skis	2		0
Tent	5		0
Treadmill/Stairstepper	20		0
Universal Gym component	10		0
Weight Bench	5		0
		0	0
Total number of items in this section			0
Total cube for this section			0
Constructed Weight for this section			0

MISCELLANEOUS

Item	cuff.	# of pieces	total cuff.
Ash or Trash Can	5		0
Basket, Clothes	5		0
Bicycle	10		0
Bird Cage & Stand	5		0
Card Table	1		0
Carriage, Baby	15		0
Chairs, Folding	1		0
Clothes Hamper	5		0
Cot, Folding	5		0
Fan	5		0
Footlocker	5		0
Golf Bag	2		0
Heater, Gas/Electric	5		0
Metal Shelves	5		0
Plant Stand	5		0
		0	0

Item	cuff.	# of pieces	total cuff.
Ping Pong Table	20		0
Pool Table w/o slate	40		0
Pool Table w slate	100		0
Sewing Machine	10		0
Sled	2		0
Step Ladder	5		0
Suitcase	4		0
Table Utility	5		0
Tackle Box	2		0
Tool Chest, Small	5		0
Tool Chest, Medium	10		0
Tool chest, Large	15		0
Tricycle	3		0
Wagon, Childs	5		0
Workbench	20		0
		0	0
Total number of items in this section			0
Total cube for this section	0		
Constructed Weight for this section			0

GARAGE

Item	cu.ft.	# of pieces	total cu.ft.
Utility Trailer	50		0
Motorcycle, Large	100		0
Motorcycle, Small	58		0
3/4 Wheelers	50		0
<i>Other</i>			0
<i>Other</i>			0
<i>Other</i>			0
		0	0

Item	cu.ft.	# of pieces	total cu.ft.
Cabinet, utility	10		0
Camper	500		0
Camper shell	300		0
Canoe, Kayak or Scull.	50		0
Car Ramps	8		0
Golf Cart	40		0
Snow Mobile	60		0
		0	0

Total number of items in this section

Total cube for this section

Constructed Weight for this section

CARTONS

Item	cu.ft.	# of pieces	total cu.ft.
Dishpack	10		0
Less than 3 Cube	5		0
3 cube- 4 Cube	3		0
4.5 Cube	4.5		0
6 Cube	6		0
6.5 Cube	6.5		0
Wardrobe	10		0
Mirror Ctn	5		0
Crates	10		0
		0	0

Total number of items

Total cube

Constructed Weight

Pro Gear

Minus Pro Gear

10% packing Material allow Military only

Weight Chargeable to Member

Enter Members Weight Allowance

Amount **Over**/**Under** Weight allowance

	0
0	
	0
Military	Civilian
0	0
0	0
0	0
0	0
0	0
0	
0	0
0	0

PROFESSIONAL PAPERS, GEAR, EQUIPMENT

Item	cu.ft.	# of pieces	total cu.ft.
Flight Bag	3		0
Sea Chest/Footlocker	5		0
Dishpack	5		0
Less than 3 Cube	1.5		0
3 cube- 4 Cube	3		0
4.5 Cube	4.5		0
6 Cube	6		0
6.5 Cube	6.5		0
Flat Wardrobe	4.5		0
Wardrobe	10		0
Mirror Ctn	5		0
Crates	5		0
<i>Other</i>			0
		0	0

PROFESSIONAL GEAR Constructed Weight

0

PROFESSIONAL GEAR Number of Pieces

0