

**TRANSMITTAL FOR TRANSPORTATION SCHEDULES
AND RELATED BASIC DOCUMENTS**

DATE

FROM *(Name of Bureau or Office)*

DISBURSING OFFICE SYMBOL NUMBER

BUREAU OR OFFICE'S ADDRESS

STREET

CITY

STATE

ZIP CODE

TO:

**GENERAL SERVICES ADMINISTRATION (SOC)
PAID DOCUMENT RECEIVING UNIT
2416 OAKVILLE STREET
ALEXANDRIA, VA 22301**

TRANSPORTATION ACCOUNTS FOR *(Month and year)*

SHIPMENT INCLUDES

SCHEDULE NUMBERS*

NO. OF PACKAGES

NO. OF TRANSP. VOUCHERS

BEGINNING

END

EXPLANATION OF BREAKS IN SERIAL SEQUENCE OF SCHEDULE NUMBERS*

(Continue on plain white paper if necessary)

NO PAYMENT FOR TRANSPORTATION SERVICES HAS BEEN
MADE BY THE ABOVE-NAMED OFFICE

PERIOD OF NO PAYMENT *(Month and year)*

CONTACT PERSON

SIGNATURE

TITLE OF CONTACT

TELEPHONE

NAME OF CONTACT

AREA CODE

NUMBER

EXTENSION