		1. PREPARING INSTALLATION					
GO	VERNMENT INS						
2. NAME OF PROPERTY OWNER			3. DESTINATION ADDRESS (Street, City, State, and ZIP Code)				
4. MODE OF SHIPMENT							
5. PROPERTY SHIPPED							
a. FROM (Include ZIP Code)		b.TO (Ind	Slude ZIP Code)	6. DATE OF DELIVERY TO C	DWNER (YYYYMMDD)		
				c. WEIGHT OF SHIPMENT	d. NUMBER OF PIECES		
e. NAME AND ADDRESS OF GOVERNMENT BILL OF LAD			DING CARRIER (Include ZIP Code)	f. GBL NUMBER			
				g. AIRWAY BILL NUMBER			
		h. CARRIER'S BILL OF LADING NUMBER					
i. NAME AND ADDRESS OF Code)	WAREHOUSE (If sh	j. LOT NUMBER					
		k. SERVICE ORDER NUMBER					
I. NAME AND ADDRESS OF carrier) (Include ZIP Code)		m. CONTRACT NUMBER					
7. DISCREPANCIES NOTED BY INSPECTOR (Use supplemental sheets if necessary)							
CARRIER'S INVENTORY NUMBER (Carton No. if packed item) a.	ER (CartonARTICLEacked item)b.		DESCRIBE LOCATION, NATURE AND AND APPARENT CAUS (State "MISSING" if c.	E OF DAMAGE ARTICLE OR CARTO			

8. INVENTORY NUMBERS OF CARTON damage)	S OR CONTAINERS WITH VISIBLE EXTER	RNAL DAMAGE (L	Describe damage to each and apparent cause of				
9. PACKING VIOLATIONS NOTED (Describe in detail) (See MIL-STD-212c)							
10. CERTIFICATE OF INSPECTOR							
I personally made the above in	spection on the date shown and ce	rtify that the co	onditions as shown on this report of				
pages accurately reflect the los	s and/or damage incurred during sl	hipment and/o	r storage.				
a. DATE OF INSPECTION (YYYYMMDD)	b. TYPED NAME OF INSPECTOR (Last, First, Middle Initial)	c. GRADE	d. SIGNATURE				
11. CERTIFICATE OF PROPERTY OWN	ER	1					
I have examined this report of	pages and the co	nditions show	n accurately and completely set forth the				
	y property incurred during shipmen						
a. DATE (YYYYMMDD)	b. SIGNATURE		J C .				
	D. SIGNATORE						
12. CERTIFICATE OF TRANSPORTATIO	N OFFICER						
I certify that the information on this report of pages is accurate and complete to the best of my knowledge.							
13. "NOTICE OF LOSS OR DAMAGE" DISPATCHED							
a. DATE (YYYYMMDD)	b. ADDRESSEE						
c. DATE (YYYYMMDD)	d. ADDRESSEE						
e. DATE OF REPORT (YYYYMMDD)) f. TYPED NAME OF INSTALLATION TRANSPORTATION OFFICER g. SIGNATURE (Last, First, Middle Initial)						