STORAGE IN-TRANSIT (SIT) AT GOVERNMENT EXPENSE SECTION I - REQUEST FOR ADDITIONAL SIT BEYOND INITIAL AUTHORIZATION

Reference Paragraph JTR 0518-A (Armed Forces Service Member (SM)) and JTR 054307 (DoD Civilian Employees (CE))

• •	ba anataman managal managati in	` "		
When, conditions beyond the control of tauthorized SIT period for customer, addithe Transportation Officer or the designation	tional SIT for not more than an add	itional 90 days may be authorized in	be withdra advance	or subsequently approved by
	SECTION II - CUSTOMER'	S STATEMENT OF FACTS		
1. ADDITIONAL SIT OF MY PERSONA THESE CONDITIONS ARE (X all tha		UE TO CONDITIONS BEYOND MY	CONTRO	DL.
1a. SERIOUS ILLNESS OR DEATH OF THE CUSTOMER OR DEPENDENT		1d. NONAVAILABILITY OF SUITABLE HOUSING		
1b. SM IMPENDING ASSIGNMENT TO GOVERNMENT QUARTERS		1e. AWAITING COMPLETION OF RESIDENCE UNDER CONSTRUCTION OR RENOVATION		
1c. DIRECTED/INTERVENING OR LONG-TERM TRAINING ASSIGNMENT ON TDY ORDERS AFTER ARRIVAL AT THE PERMANENT DUTY STATION (PDS)		1f. OTHER CIRCUMSTANCES THAT MAY APPLY (Specifics are mandatory in Block 8: REMARKS)		
extension is not approved, in order joint inspection of the shipment (a expiration date becomes the "deling AT Delivery Form. Without an instinent to file a claim must be computed Government for loss or damage delivery/expiration date.	er to preserve my right to file a claim t my expense), prior to the expiration to the expiration of the shipment, and I can pection, loss or damage cannot be poleted no later than 180 calendar dage to personal property pursuant to property in SIT at my expense beyon	ting facts provided by me IAW JTR in against the TSP and/or the Govern on date, and complete a Loss and D in file a claim for any lost or damage presumed to have occurred during ays from the delivery/expiration date authorized Government SIT must be and the delivery/expiration date, it is real to the delivery of the same authorized.	nment, I m lamage AT ed items no the period a. Also, an e filed with	ust arrange and conduct a Delivery Form. The oted on the Loss and Damage of Government SIT. My y claim against the TSP or nin two years from the
2. CUSTOMER INFORMATION				
2a. NAME (Last, First, Middle Initial)		2b. RANK/GRADE	2c. DOD ID NUMBER	
2d. SIGNATURE			2e. DATE SIGNED (DDMMYYYY)	
	SECTION III - TRANS	PORTATION OFFICE		
3a. INSTALLATION NAME		3b. INSTALLATION ADDRESS (Include Zip Code)		
		│ RDANCE WITH PARAGRAPH JTF DUE TO CONDITIONS CITED ABO		ARMED FORCES SERVICE
5. IF APPROVED, STORAGE AUTHOR	WILL EXPIRE ON (DDMMYYYY)			
6a. ORDER NUMBER 6b. ORDER ISSUING OFFICE				6c. DATED (DDMMYYYY)
7. TRANSPORTATION OFFICE REPRI	ESENTATIVE			1
7a. NAME (Last, First, Middle Initial)		7b. RANK/GRADE		
7c. TITLE		7d. SIGNATURE		

CHICTOMED NAME (Lost First Middle Initial)	BL/MTO #
CUSTOMER NAME (Last, First, Middle Initial)	BUNIO#
8. REMARKS (Note: Do not provide Personal Identifiable Information (PII) Accountability Act of 1996 (HIPAA).)	or medical information subject to the Health Insurance Portability and
Accountability Act of 1996 (HIPAA).)	