GOV	VERNMENT INS	1. PREPARING INSTALLATION			
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 (Include ZIP Code)		6. DATE OF DELIVERY TO 0	OWNER (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 LADI	NG NUMBER
i. NAME AND ADDRESS OF Code)	WAREHOUSE (If sl	nipment fro	om nontemporary storage) (Include ZIP	j. LOT NUMBER	
				k. SERVICE ORDER NUMBE	ER
I. NAME AND ADDRESS OF carrier) (Include ZIP Code)	DELIVERING CARE	ot agent of Government Bill of Lading	m. CONTRACT NUMBER		
7. DISCREPANCIES NOTED	BY INSPECTOR (U	se supplei	mental sheets if necessary)		
CARRIER'S INVENTORY NUMBER (Carton No. if packed item) a. ARTICLE b.		DESCRIBE LOCATION, NATURE AND AND APPARENT CAUS (State "MISSING" if c.	E OF DAMAGE	WEIGHT (Lbs) OF ARTICLE OR CARTON IF PACKED ITEM d.	

8. INVENTORY NUMBERS OF CARTONS damage)	S OR CONTAINERS WITH VISIBLE EXTER	RNAL DAMAGE <i>(E</i>	Describe damage to each and apparent cause of		
9. PACKING VIOLATIONS NOTED (Description)	ribe in detail) (See MIL-STD-212c)				
10. CERTIFICATE OF INSPECTOR					
	pection on the date shown and cer	-			
	s and/or damage incurred during sh	nipment and/or	storage.		
a. DATE OF INSPECTION (YYYYMMDD)	b. TYPED NAME OF INSPECTOR (Last, First, Middle Initial)	c. GRADE	d. SIGNATURE		
11. CERTIFICATE OF PROPERTY OWNE	R				
I have examined this report of	pages and the co	nditions shown	accurately and completely set forth the		
entire loss and/or damage to my	property incurred during shipmen	t and/or storag	e.		
a. DATE	d. SIGNATURE				
12. CERTIFICATE OF TRANSPORTATION	N OFFICER				
I certify that the information on t	his report of pag	es is accurate	and complete to the best of my knowledge.		
13. "NOTICE OF LOSS OR DAMAGE" DIS	PATCHED				
a. DATE	b. ADDRESSE				
c. DATE	d. ADDRESSE				
e. DATE OF REPORT (YYYYMMDD)	f. TYPED NAME OF INSTALLATION TRAI (Last, First, Middle Initial)	NSPORTATION O	g. SIGNATURE		