								Feb 28, 2	oroval expires 2009					
The public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services Directorate (0702-0124). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.  PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO:  SDDC, ATTN: MTDC-OPCL, 661 SHEPPARD PLACE, FORT EUSTIS, VA 23604.														
					PA	RTI								
REQUEST FOR INFORMATION (RFI)					4. REPORTING ACTIVITY					AS	ASTRAY FREIGHT			
3. TO						4. REPOI	KTING AC	,1101111						
5. CONSIGNOR (Origin)					6. CONSIGNEE (Destination)									
7. SHIPPER					8. CARRIER'S NAME (SCAC)									
9. CARRIER'S PRO/FREIGHT BILL NO.						10. BILL OF LADING NO./TYPE								
11. MODE 12. DATE CARRIER 13. DATE CONSIGNEE CODE SIGNED FOR RECEIVED SHIPMENT SHIPMENT				14. DATE DISCREPAN DISCOVERED		15. DATE CARRIER 16. CARF			RIER REPRESENTATIVE CONTACTED					
17. SEAL NUME	BERS AND (	CONDITIO	N						TELE	PHONE NO.				
INTACT	BRO	KEN/MISS	ING (Include details)											
TRANSPORTATION CONTROL NO. 18		COMMODITY DESCRIPTION AND/OR NATIONAL STOCK NO. (NSN) 19		SN) PA	TYPE DIS- OF CREPANT PACK (Pieces) 20 21		TYPE AND CAUSE CODE 22	UNIT OF ISSUE 23	UNITS BILLED/ SHIPPED 24	UE DATA DISCR UNITS 25	REPANT WEIGHT 26	VALUE OR COST OF REPAIRS 27		
28. REMARKS	(See prepara	ation instru	ctions of covering regu	ulation for sugg	gested i	nformation)								
29a. NAME OF PREPARER (Type or print)							29b. EMAIL ADDRESS							
29c. TELEPHONE NO. 29d. FACSIMILE NUMBER														
30. REPLY														
31a. NAME OF RESPONDENT (Type or print)							31b. TELI					PHONE NO.		
31c. EMAIL ADDRESS 3						31d. FACSIMILE NUMBER					31e. DATI	31e. DATE		

2. REPORT NUMBER

1. DATE

TRANSPORTATION DISCREPANCY

OMB No. 0702-0124

OMB approval expires

PART II - (FOR CLAIMS PURPOSES)										
32. TO:										
33. EXCEPTION NOTED ON CARRIER'S DELIVERY RECEIPT? (If "NO," explain in Remarks)										
YES NO  34. INSPECTION DATA		35. DISPOSITION DATA								
CARRIER INSPECTED (Report attached)	INSPECTION WAIVED (Waiver attached)	REJECTED REPAIRED AT GOVERNMENT EXPENSE (Bill attached)								
ORAL WAIVER (Provide name, title, and date in Remarks)	GOVERNMENT INSPECTED (Report attached)	OTHER (Explain in Remarks)								
36. REMARKS (See preparation instructions of										
37. ATTACHMENTS										
CY BOL	DD FORM 1348-1									
CY CARRIER'S TENDER	CY DD FORM 250									
CY CARRIER'S DELIVERY RECEIPT	ACTUAL REPAIR COST COMMOI									
PHOTOGRAPH  CARRIER'S INSPECTION REPORT	OTHER OTHER									
CARRIER'S INSPECTION REPORT	OTHER									
38. ACCOUNTING CLASSIFICATION										