



# REQUEST FOR FREIGHT TRANSPORTATION AND LOGISTICS SERVICES

EMAIL COMPLETED FOR TO [VATLC@VA.GOV](mailto:VATLC@VA.GOV) OR FAX IT TO (202) 495-5496

<b>PICKUP POINT ADDRESS</b>	(Show your facility ID) FROM STATION #:	SHIP-TO ADDRESS	(Show Destination Facility ID)
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B/L NUMBER: <b>VAA-0,0</b> <input type="text"/>	SHIP DATE	SHIPPING VOUCHER NUMBER
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LINE ITEM	STOCK NO. NOMENCLATURE (Describe what you are shipping)	TYPE UNIT	UNITS SHIPPED	UNIT WEIGHT	UNIT CUBE	LINE CUBE	VALUE
1							
2							
3							
4							
5							

QTY PALLETS	EMPTY PALLET WT	TOTAL	ITEM WEIGHTS	VALUATION TOTAL
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

BOX CUBE CALCULATOR - (Enter dimensional values in INCHES that are greater than 0. You may use decimals or whole numbers. Do not use letters or other symbols.)

LENGTH	WIDTH	HEIGHT	BOX CUBE	TOTAL SHIPMENT WEIGHT	TOTAL SHIPMENT CUBIC VOLUME	DISTANCE TO DESTINATION
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ENTER NUMBERS ONLY

VALUE OF PROPERTY IN THIS SHIPMENT

CONTACT PERSON AT THE PICKUP/SHIPPING FACILITY	COMMERCIAL PHONE NO. (Area Code)	E-MAIL ADDRESS
	EXT.	
CONTACT PERSON AT THE DESTINATION/RECEIVING FACILITY	COMMERCIAL PHONE NO. (Area Code)	E-MAIL ADDRESS
	EXT.	
SEND VCBL COPY TO THIS PERSON	COMMERCIAL PHONE NO. (Area Code)	E-MAIL ADDRESS
	EXT.	
CREDIT CARD HOLDER'S NAME	COMMERCIAL PHONE NO. (Area Code)	E-MAIL ADDRESS
	EXT.	

OBLIGATION NUMBER	APPROPRIATION NUMBER
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ACCESSION NUMBERS (i.e., VHA-19-0078)

SPECIAL HANDLING (i.e., Lift Gate, Blanket-Wrap, Hazardous, Inside Delivery/Pickup, Temperature Control, etc.)

RETURN AUTHORIZATION NUMBER	VA REQUISITION NUMBER/PURCHASE ORDER NUMBER	VENDOR'S ORDER NUMBER	REQUISITION DATE
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**CERTIFICATION: The undersigned certifies that funds are available and have been allocated and that the requested freight services are authorized and necessary to conduct the business of VA.**

APPROVING OFFICIAL'S NAME AND TITLE	DATE	RECEIVING OFFICIAL'S NAME, SIGNATURE AND TITLE	DATE RECEIVED
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Posted Items recorded in inventory accounts.

SIGNATURE OF ACCOUNTABLE OFFICER	DATE	VOUCHER DATE	VA STATION VOUCHER NUMBER
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## INSTRUCTIONS

**B/L NUMBER: VAA-0,0:** Enter the last five digits of the VCBL number(s) after the shipment has been completed.

**STOCK NO. NOMENCLATURE (*Describe what you are shipping*):** Describe the item(s) being shipped. If furniture, then indicate if it is in boxes or requires blanket wrapping. Pallets should be shrink wrapped, banded and labeled.

· Less-than-truckload (LTL) carriers will not accept unpackaged items for transport.

· Hazardous materials must have an MSDS.

**TYPE UNIT:** Enter the shipping units description.

BX = BOX; BW = Blanket Wrap; CRT = Crate; CS = Case; CTN = Carton; CYL = Cylinder; DRM = Drum; EA = Each; SET; KIT; ROL = ROLL

**UNITS SHIPPED:** Enter whole numbers. No decimals allowed. This is the number of pieces (each, boxes, cartons, rolls, crates, drums, etc.) to ship.

**UNIT WEIGHT:** A Shipping unit may have a weight from 0.1 pounds up to 45,000 pounds. Whole numbers or numbers with a decimal are permitted.

**UNIT (BOX) CUBE:** Enter the cube volume of one piece. Use the Box Cube calculator below. The program will compute the total cube for the shipment.

**TOTAL VALUE:** This is the total value of all items on this line.

**QUANTITY PALLETS:** Enter a whole number. Decimals are not allowed.

**EMPTY PALLET WEIGHT:** Enter a pallet weight from 10 to 65 pounds. 40 pounds is about average for GMA pallets.

**VALUE OF PROPERTY:** Value of property in this shipment should normally equal the depreciated value for used property or new value if new property.

· Enter the current dollar value of your property. This amount will appear on the VCBL for full value liability protection.

· Standard liability is actual value up \$250,000. Special arrangements are necessary for up to \$5 million liability protection.

**DISTANCE TO DESTINATION:** Enter the distance from the origin to the destination if you know it.

**CONTACT PERSON (E-mail/Fax):** Please add your e-mail address and fax number to receive a copy of the completed VCBL.

**PAYMENT OFFICE REPRESENTATIVE'S EMAIL:** Please add a Payment Office Representative's e-mail address who should received a copy of the complete VCBL. Confirm that the obligation has been funded.

**ACCOUNTS PAYABLE PHONE NUMBER:** When an obligation has not been funded, we need to call the responsible fiscal official to request they provide funds.

**OBLIGATION NUMBER:** Required Field. Please confirm with your payment official that this obligation has been funded.

**APPROPRIATION NUMBER:** Required Field. An Appropriation Number is required. You must enter your appropriation number before you can release this form. If requesting an **estimate**, send the completed document. To request a Bill of Lading, replace the word "Estimate" with an obligation and appropriation number.

· An Obligation Number is required for all requests except for shipments of salvage X-ray film to the Services and Distribution Center (SDC) at Hines, Illinois.

**VA REQUISITION/PURCHASE ORDER NUMBER:** Enter the VA Requisition Number/ Purchase Order Number.

**VENDOR'S ORDER NUMBER:** Enter the Vendor's Order Number.