

DEMAND ON CARRIER/CONTRACTOR

1. TO CARRIER/CONTRACTOR

a. COMPANY NAME AND COMPLETE ADDRESS <i>(Include Zip Code)</i>	b. AMOUNT OF GOVERNMENT CLAIM \$	c. GOVERNMENT BILL OF LADING NO.
	d. MAC/AIRWAY BILL NO.	e. CONTRACT NO.

2. TO NONTEMPORARY STORAGE (NTS) WAREHOUSEMAN

a. COMPANY NAME AND COMPLETE ADDRESS <i>(Include Zip Code)</i>	b. AMOUNT OF GOVERNMENT CLAIM \$	c. DATES IN NTS STORAGE (YYYYMMDD) (1) FROM (2) TO
	d. SERVICE ORDER NO.	e. LOT NO.

3. CLAIM PRESENTED IN CONJUNCTION WITH SHIPMENT OF *(X and complete as applicable)*

<input type="checkbox"/> a. HOUSEHOLD GOODS	<input type="checkbox"/> b. HOLDBAGGAGE	<input type="checkbox"/> c. OTHER <i>(Specify)</i>
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4. SHIPMENT MOVED	a. FROM <i>(City and State)</i>	b. TO <i>(City and State)</i>
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5. SHIPMENT PACKED	a. BY <i>(Carrier/Contractor Name)</i>	b. DATE <i>(YYYYMMDD)</i>
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6. SHIPMENT STORED	a. BY <i>(Carrier/Contractor Name)</i>	b. FROM <i>(YYYYMMDD)</i>	c. TO <i>(YYYYMMDD)</i>
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7. SHIPMENT DELIVERED	a. BY <i>(Carrier/Contractor Name)</i>	b. DATE <i>(YYYYMMDD)</i>
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8. ENCLOSURES *(X all that apply)*

<input type="checkbox"/> a. DD FORM 1844	<input type="checkbox"/> d. GOVERNMENT BILL OF LADING
<input type="checkbox"/> b. DD FORMS 1840/1840R	<input type="checkbox"/> e. ESTIMATES
<input type="checkbox"/> c. DD FORM 1841	<input type="checkbox"/> f. OTHER <i>(Specify)</i>

9. REMARKS

When appropriate, if a reply is not received within 120 days from the date on which you receive this notice, offset action will be initiated without further notice. When appropriate, unearned freight charges will be collected without further notice.

10. SEND YOUR REPLY TO <i>(Street, City, State and Zip Code)</i>	11. ALL CORRESPONDENCE MUST REFERENCE
	a. CLAIM NO.
	b. CLAIMANT NAME
	12. MAKE YOUR CHECK PAYABLE TO Treasurer of the United States

13. DISPATCHER		
a. SIGNATURE	b. TELEPHONE NUMBER <i>(Include area code)</i>	c. DATE DISPATCHED (YYYYMMDD)