

SHIPMENT PLANNING WORKSHEET
337 ASUF/LGT, Canberra Australia

(ORDERS MUST ACCOMPANY THIS WORKSHEET)

Name(Last, First, Middle Full):	Rank/Grade:	SSN:
Branch of Service:	Date of Birth:	
Number of Dependents:	12 yrs or Older:	Under 12 yrs:
Current Duty Location:	PCS/Sep/Ret:	Next Duty Location:
Do Any of Your Shipments Include: Guns Boat Canoe Wind Surfer Scuba Tank		
Motorcycle Make:	Model:	CC: VIN:
Alcohol: Yes No (If shipping alcohol additional requirements will be provided to you)		
Any Other Item of Unusual Size/Nature (Describe)		
Items Requiring Special Crating (Must be approved by 337th Transportation Office prior to pack date)		
Household Goods Shipment		
Pickup Address: (include post code)	Extra Pickup Address (If applicable):	
Releasing Agent: Relationship:	Releasing Agent: Relationship:	
Home Phone:	Duty Phone:	Mobile Phone:
Email Address (Duty and Personal):		
(Est. 1000lbs per rm) Estimated Weight:	Pro Gear:	Yes No Est Pro Weight:
(For pack/pick up est. 3500Lbs per day) Requested Pack Dates:		Pick Up Date:
Unaccompanied Baggage		
Estimated Weight:	Pro Gear: Yes No	Est Pro Weight: Pickup Date:
Intransit Contact Information/Permanent Mailing Address (Mandatory)		
Street Address _____	City _____	State _____ ZIP _____
Phone Number _____	Email _____	Care of _____
Delivery Address or Next Duty Station (Include County (U.S. only) and Zip Code):		
Email Address:		
Receiving Agent:	Phone Number:	
Relationship:		

Non-Temp Storage		Yes	No
(If your next assignment is overseas you may elect to place property in NTS)			
Estimated Weight:	Pro Gear:	Yes	No
Requested Pack Dates:	Pick Up Date:		Est Pro Weight:
NTS Release: Yes No NTS Extension: Yes No Base Responsible for Storage:			
Storage Location: If you have property that needs to be released from NTS or you require an NTS extension, we will provide you with additional information.			

Please return this completed worksheet with orders to:

337 ASUF/LGT

Phone: 02-6214-5879/5610

Email: 337asuf.lgt@us.af.mil

By signing below you acknowledge your request for the above household goods shipment(s). Any changes must be coordinated through the 337 ASUF/LGT

_____ MEMBER'S SIGNATURE

DATE