HOUSEHOLD GOODS DESCRIPTIVE INVENTORY

TAG LOT N [redacted]

CONTRACTOR OR CARRIER

TAG COLOR Orange NOS. ____ THRU ____

AGENT Arpin Preferred (Nuri

PAGE NO. 1 NO. OF PAGES 3

CARRIER'S REFERENCE NO.

OWNER'S GRADE OR RATING AND NAME Estudal, Anna

CONTRACT GR GBL. NO.

ORIGIN LOADING ADDRESS [redacted] CITY Columbus STATE OH

GOVT. SERVICE ORDER NO.

DESTINATION Ft Huachuca AZ

VAN NUMBER

DESCRIPTIVE SYMBOLS
B/W - BLACK & WHITE TV; C - COLOR TV; CP - CARRIER PACKED; PBO - PACKED BY OWNER; CD - CARRIER DISASSEMBLED; DBO - DISASSEMBLED BY OWNER; PB - PROFESSIONAL BOOKS; PE - PROFESSIONAL EQUIPMENT; PP - PROFESSIONAL PAPERS; MCU - MECHANICAL CONDITION UNKNOWN

EXCEPTION SYMBOLS
BE - BENT; BR - BROKEN; BU - BURNED; CH - CHIPPED; CU - CONTENTS & CONDITION UNKNOWN; D - DENTED; F - FADED; G - GOUGED; L - LOOSE; M - MARRED; MI - MILDEWED; MO - MOTHEATEN; R - RUBBED; RU - RUSTED; SC - SCRATCHED; SH - SHORT; SMU - SMUDGED; SO - SOILED; T - TORN; W - BADLY WORN; Z - CRACKED

LOCATION SYMBOLS
1. ARM; 2. BOTTOM; 3. CORNER; 4. FRONT; 5. LEFT; 6. LEGS; 7. REAR; 8. RIGHT; 9. SIDE; 10. TOP; 11. VENEER; 12. EDGE; 13. CENTER; 14. INSIDE; 15. DRAWER; 16. SEAT

NOTE: THE OMISSION OF THESE SYMBOLS INDICATES GOOD CONDITION EXCEPT FOR NORMAL WEAR

ITEM NO.	WHSE. CROSS REF.	DRIVER CHECK	WHSE. CHECK	SHIPPER CHECK DEST.	ARTICLES	CONDITION AT ORIGIN	EXCEPTIONS (IF ANY) AT DESTINATION
1					3.0 Ctn Cp	Papers LS	
2					3.0 Ctn Cp	Crock Pot LS	
3					5.2 Ctn Cp	Glass LS	
4					4.5 Ctn Cp	Pots Pans LS	
5					4.5 Ctn Cp	Pots Pans LS	
6					Plastic Tote	Clothes LS	
7					K Chair	W F-Sc-R-16,4,7.6' L-6' L-7	
8					K Chair	W F-Sc-R-16,4,7,6' L-6' L-7	
9					K Chair	W, F-Sc-R-16,4,7.6' L-6' L-7	
10					Table Top	W, Sc-R-M-F-10, R Ch-12'	
11					Table Base	B Ch-12' F-9'6'	
12					GE Microwave	Sc-10,4,5-8-9' [redacted] me	
13					K Chair	W, L-6' L-7, Sc-R-M-F-4,1,12,6'	
14					2 Drawer file Cab	R-12' Sc-10, S-8-9'	
15					Plastic Doll House		
16					GE T.V.	Sc-M-10,5-8-9' 4, R-12' Mc	
17					Cont.	[redacted]	
18					Coffee Table	W, Sc-R-M-S-F-10, Sc-R-M-9-6'	
19					O.S Side	T-G-S-1, R-M-8-9, R-2-4-3, W Br-2 R-7-12	
20					T.V. Stand	W, Sc-R-M-S-10,4, R-2-4-3' R-12'	
1					3.0 Ctn Cp	Toy JC	
2					3.0 Ctn Cp	Toy JC	
3					3.0 Ctn Cp	Toy JC	
4					3.0 Ctn Cp	L Shade JC	
5					4.5 Ctn Cp	Towels JC	
6					4.5 Ctn Cp	Toys JC	
7					4.5 Ctn Cp	Bedding JC	
8					Chest	Sc-R-M-S-F, Sc-R-M-F-F,	
9					Cont.	Sc-R-M-10, D-R-10-12'	
10					Cont.	Cl-2-12'	

REMARKS/EXCEPTIONS

"WE HAVE CHECKED ALL THE ITEMS LISTED AND NUMBERED 1 TO ____ INCLUSIVE AND ACKNOWLEDGE THAT THIS IS A TRUE AND COMPLETE LIST OF THE GOODS TENDERED AND OF THE STATE OF THE GOODS RE[redacted]

WAR[redacted]

BEFORE SIGNING - CHECK SHIPMENT, COUNT ITEMS AND DESCRIBE LOSS OR DAMAGE IN SPACE ON THE RIGHT ABOVE.

AT ORIGIN	CONTRACT[redacted] (SIGNATURE)	DATE TIME	AT DESTINATION	CONTRACTOR, CARRIER OR REPRESENTATIVE (DRIVER) (SIGNATURE)	DATE TIME	
	OWNER OR [redacted] (SIGNATURE)	DATE 27 Sep 10 TIME		OWNER OR AUTHORIZED AGENT (SIGNATURE)	DATE TIME	

510 B

HOUSEHOLD GOODS DESCRIPTIVE INVENTORY

TAG LOT NO. [redacted]

CONTRACTOR OR CARRIER

TAG COLOR Orange NOS. _____ THRU _____

AGENT Arpin Preferred Movers

PAGE NO. 2 NO. OF PAGES 3

CARRIER'S REFERENCE NO.

OWNER'S GRADE OR RATING AND NAME Colonel ANNG

CONTRACT GR GBL. NO.

[redacted]

CITY Columbu STATE AL

GOVT. SERVICE ORDER NO.

DESTINATION Huachuca AZ

VAN NUMBER

DESCRIPTIVE SYMBOLS
B/W - BLACK & WHITE TV
C - COLOR TV
CP - CARRIER PACKED
PBO - PACKED BY OWNER
CD - CARRIER DISASSEMBLED
DBO - DISASSEMBLED BY OWNER
PB - PROFESSIONAL BOOKS
PE - PROFESSIONAL EQUIPMENT
PP - PROFESSIONAL PAPERS
MCU - MECHANICAL CONDITION UNKNOWN

EXCEPTION SYMBOLS
BE - BENT
BR - BROKEN
BU - BURNED
CH - CHIPPED
CU - CONTENTS & CONDITION UNKNOWN
D - DENTED
F - FADED
G - GOUGED
L - LOOSE
M - MARRED
MI - MILDEWED
MO - MOTHEATEN
R - RUBBED
RU - RUSTED
SC - SCRATCHED
SH - SHORT
SMU - SMUDGED
SO - SOILED
T - TORN
W - BADLY WORN
Z - CRACKED

LOCATION SYMBOLS
1. ARM
2. BOTTOM
3. CORNER
4. FRONT
5. LEFT
6. LEGS
7. REAR
8. RIGHT
9. SIDE
10. TOP
11. VENEER
12. EDGE
13. CENTER
14. INSIDE
15. DRAWER
16. SEAT

NOTE: THE OMISSION OF THESE SYMBOLS INDICATES GOOD CONDITION EXCEPT FOR NORMAL WEAR

ITEM NO.	WHSE. CROSS REF.	DRIVER CHECK	WHSE. CHECK	SHIPPER CHECK DEST.	ARTICLES	CONDITION AT ORIGIN	EXCEPTIONS (IF ANY) AT DESTINATION
201					5- Book Case	Sc-m-5-8.5' H, Cl-2-12' L-9' No Shelvei	
2					B/C Shelves 3/4	Sc-10, R-12'	
3					Toy Kitchen	R-m-10, Sc-12-m-4, L-10-Half Sc-5-8.9, 5-5	
4					1.5 Ctn Gp	Books	
5					1.5 Ctn Gp	Books	
6					Toy Box	Sc-12-m-10, 5-6-T, 4,	
7					Toy Rack / Stool	Sc-m-5-8.5' R-12' 2-Br-2-T-Brace	
8					Toy Foam Couch	50, T-2	
9					Booster Seat	R-m' 50	
210					Childs Stool	Sc-m-6'10	
1					Childs Stool	Sc-m-6'10	
2					Lg Wicker Hamper	R-12'	
3					Sm Waste Can Mid	50	
4					Plastic Drawers	R-12' Empty	
5					3X3 Bed Frame Parts (metal) no Castors Sc R		
6					3X3 Mattr Gp	50,	
7					3X3 Box Spring Gp	50,	
8					1.5 Ctn Gp	Xmas Decor	
9					Plastic Drawers	Empty	
220					4.5 Ctn Gp	Shoes JC	
1					5.2 Ctn Gp	Lamp JC	
2					4.5 Ctn Gp	Clothes JC	
3					4.5 Ctn Gp	Clothes LS	
4					4.5 Ctn Gp	Clothes LS	
5					4.5 Ctn Gp	Books LS	
6					Bed Posters 3/4	Sc-10-9' Both Br-2	
7					Bed Posters 3/4	Sc-D-9',	
8					Plastic Drawer	Empty, Sc-R-m-10 R-12'	
9					(1) Foot Board	Lg, Sc-R-m-5-10, D-5-Cl-10-12'	
230					(1) Head Board	Lg, Sc-R-m-5-7, D-R-m-9-10, R-10-12'	

REMARKS/EXCEPTIONS _____

"WE HAVE CHECKED ALL THE ITEMS LISTED AND NUMBERED 1 TO ____ INCLUSIVE AND ACKNOWLEDGE THAT THIS IS A TRUE AND COMPLETE LIST OF THE GOODS TENDERED AND OF THE STATE OF THE GOODS RECEIVED."

WA[redacted]

BEFORE SIGNING - CHECK SHIPMENT, COUNT ITEMS AND DESCRIBE LOSS OR DAMAGE IN SPACE ON THE RIGHT ABOVE.

AT ORIGIN	CONTRA[redacted] (SIGNAT[redacted])	DATE TIME	AT DESTINATION	CONTRACTOR, CARRIER OR REPRESENTATIVE (DRIVER) (SIGNATURE)	DATE TIME	
	OWNER [redacted] (SIGNATU[redacted])	DATE 27 Sep 12 TIME		OWNER OR AUTHORIZED AGENT (SIGNATURE)	DATE TIME	

510 B

HOUSEHOLD GOODS DESCRIPTIVE INVENTORY

TAG LOT NO. [redacted]

CONTRACTOR OR CARRIER	TAG COLOR Orange NOS. ____ THRU ____	PAGE NO. 3 NO. OF PAGES 3
	AGENT Arpin Preffered Movers	CARRIER'S REFERENCE NO.
OWNER'S GRADE OR RATING AND NAME Estudal, ANNA		CONTRACT GR GBL. NO.
ORIGIN ADDRESS [redacted]	CITY Columbus STATE OH	GOVT. SERVICE ORDER NO.
DESTINATION Ft Huachuca		VAN NUMBER

DESCRIPTIVE SYMBOLS
B/W - BLACK & WHITE TV; C - COLOR TV; CP - CARRIER PACKED; PBO - PACKED BY OWNER; CD - CARRIER DISASSEMBLED; DBO - DISASSEMBLED BY OWNER; PB - PROFESSIONAL BOOKS; PE - PROFESSIONAL EQUIPMENT; PP - PROFESSIONAL PAPERS; MCU - MECHANICAL CONDITION UNKNOWN

EXCEPTION SYMBOLS
BE - BENT; BR - BROKEN; BU - BURNED; CH - CHIPPED; CU - CONTENTS & CONDITION UNKNOWN; D - DENTED; F - FADED; G - GOUGED; L - LOOSE; M - MARRED; MI - MILDEWED; MO - MOTHEATEN; R - RUBBED; RU - RUSTED; SC - SCRATCHED; SH - SHORT; SMU - SMUDGED; SO - SOILED; T - TORN; W - BADLY WORN; Z - CRACKED

LOCATION SYMBOLS
1. ARM; 2. BOTTOM; 3. CORNER; 4. FRONT; 5. LEFT; 6. LEGS; 7. REAR; 8. RIGHT; 9. SIDE; 10. TOP; 11. VENEER; 12. EDGE; 13. CENTER; 14. INSIDE; 15. DRAWER; 16. SEAT

NOTE: THE OMISSION OF THESE SYMBOLS INDICATES GOOD CONDITION EXCEPT FOR NORMAL WEAR

ITEM NO.	WHSE. CROSS REF.	DRIVER CHECK	WHSE. CHECK	SHIPPER CHECK DEST.	ARTICLES	CONDITION AT ORIGIN	EXCEPTIONS (IF ANY) AT DESTINATION
23					Plastic Drawer	Empty, Sc 2-BR-5-5	
2					Bed Side Rail 0/2	R.D.10, RM, Sc M. 4	
3					Plastic Laundry Basket		
4					Q Mat Cp	So, Stained-10, F-2, 2-12	Stained LD
5					Q Box Spring Cp	So, Cw, STAINED-10, 3!	
6					Love Seat	Sc-R-M-So, 5-8-9, Stained-MT-1 W	
7					Plastic Waste Can W/Lid, So		
8					Childs Table Top	Legs Packed, Sc-10, RM	
9					Sm Metal Waste Can No Lid, Bc-D10, 5		
24 0					~~Book of Inventory~~	Vgd ✱	
1					~~Bassenett~~		
2					Bed Slats 2/5		
3					Bed Support Braget		
4					Plastic Bag of Clothes		
5					End of Inventory		
6							
7							
8							
9							
25 0							
1							
2							
3							
4							
5							
6							
7							
8							
9							
0							

REMARKS/EXCEPTIONS

"WE HAVE CHECKED ALL THE ITEMS LISTED AND NUMBERED 1 TO ____ INCLUSIVE AND ACKNOWLEDGE THAT THIS IS A TRUE AND COMPLETE LIST OF THE GOODS TENDERED AND OF THE STATE OF THE GOODS RECEIVED."

WAR [redacted]

BEFORE SIGNING - CHECK SHIPMENT, COUNT ITEMS AND DESCRIBE LOSS OR DAMAGE IN SPACE ON THE RIGHT ABOVE.

AT ORIGIN	CONTRAC (SIGNATU	DATE TIME	AT DESTI-NATION	CONTRACTOR, CARRIER OR REPRESENTATIVE (DRIVER) (SIGNATURE)	DATE TIME	
	OWNER O (SIGNATU	DATE 27 Sep 10 TIME		OWNER OR AUTHORIZED AGENT (SIGNATURE)	DATE TIME	

510 B

STATEMENT OF ACCESSORIAL SERVICES PERFORMED

This form is required only when accessorial services are chargeable to the Government. Carrier will enter complete information or "None" in columns. "Unit Price" and "Charge" columns may be omitted when charges are itemized on the Standard Form 1113.

Form Approved
OMB No. 0704-0022
Expires Oct 31, 2001

The public reporting burden for this collection of information is estimated to average 5 minutes 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 Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0022), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. 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 ADDRESS.

1. GOVERNMENT BILL OF LADING NUMBER [redacted]	2. DATE OF PICKUP AT ORIGIN (YYYYMMDD) 20100930
3.a. NAME OF OWNER (Last, First, Middle Initial) Catudal, Anna	
b. SSN [redacted]	c. RANK OR GRADE
4. ORIGIN OF SHIPMENT COlumbus, Ohio	5. DESTINATION OF SHIPMENT Ft Huachuca, AZ
6.a. ORDERING ACTIVITY/INSTALLATION NAME JPPSO-Northeast	b. LOCATION Chelmsford, MA
7.a. NAME OF CARRIER IMVC Red Ball	b. NAME OF AGENT (Last, First, Middle Initial) Arpin Preferred Movers
8. SIGNATURE OF CARRIER'S REPRESENTATIVE [redacted]	9. DATE (YYYYMMDD) 20100930
10. CARRIER'S SHIPMENT REFERENCE NO.	11. AGENT OR DRIVER CODE
12. PROFESSIONAL BOOKS, PAPERS AND EQUIPMENT (PBP&E) INCLUDED IN SHIPMENT (If not included, write "None".)	LBS.

13. STORAGE-IN-TRANSIT (SIT)

a. STORED AT (1) CITY	(2) STATE	b. SIT SERVICES PROVIDED AT (X one)		
		ORIGIN	DESTINATION	OTHER

DATES (YYYYMMDD):			f. NUMBER OF DAYS	g. NET WEIGHT
c. IN	d. ORDERED OUT	e. DELIVERED OUT		

h. REQUESTED DELIVERY DATE (YYYYMMDD)	i. SHIPMENT ORDERED INTO AND OUT OF SIT ON DATES INDICATED AND AUTHORIZED BY SIT CONTROL NO.
j. WAS STORAGE POINT FOR CARRIER'S CONVENIENCE (X one)	YES / NO

14. REWEIGH CERTIFICATION (If applicable)	a. NUMBER
b. ORIGINAL GROSS	c. REWEIGH GROSS
d. ORIGINAL TARE	e. REWEIGH TARE
f. ORIGINAL NET	g. REWEIGH NET

15. APPLIANCES SERVICED (Owner/Agent must initial each entry separately.)

TYPE a.	MAKE/MODEL NO./MANUFACTURER b.	OWNER/AGENT INITIALS c.

16. ACCESSORIAL SERVICES

PACKING, PACK MATERIALS AND UNPACKING (1)	NUMBER (2)	UNIT PRICE (3)	CHARGE (4)
a. DISH PACK			
b. CARTONS (Less than 3 cubic feet)			
c. CARTONS (3 cubic feet)			
d. CARTONS (4-1/2cubic feet)			
e. CARTONS (8 cubic feet)			
f. CARTONS (8-1/2 cubic feet)			
g. WARDROBE (Not less than 10 cubic feet)			
h. MATTRESS, CRIB			
i. MATTRESS (Not exceeding 39" x 75")			
j. MATTRESS (Not exceeding 54" x 75")			
k. MATTRESS (39" x 80")			
l. MATTRESS (Exceeding 54" x 75")			
m. TOTAL			
n. TOTAL SUBJECT MAX-PAK $ /cwt)			
o. GRANDFATHER CLOCK CARTONS			
p. CORRUGATED CONTAINERS (Special constr.)			
q. BOXES - WOODEN/CRATES (Not over 5 cu.ft.)			
r. BOXES (Over 5 cu.ft./not over 8 cu.ft.)			
s. BOXES (Over 8 cu.ft.) (Gross cu.ft.:)			
t. CRATES (Cubic feet:) (Minimum charge:)			
u. CARTONS, DOUBLE WALL (PPP-B-1364) & TRIPLE WALL (PPP-B-640) (Not over 4 cu.ft.)			
v. CARTONS (Over 4 cu.ft./less than 7 cu.ft.)			
w. CARTONS (7 cu.ft./less than 15 cu.ft.)			
x. TOTAL PACKING CHARGE			
y. LABOR (Describe service in "Remarks") (Enter number of man-hours)			
z. (X as applicable) EXTRA DELIVERY / EXTRA PICKUP / AUXILIARY SERVICES			
aa. PIANO/ORGAN CARRY SERVICE			
bb. ELEVATOR/STAIR/EXCESS DISTANCE CHARGE			
cc. SERVICING APPLIANCES/OTHER ARTICLES (As itemized and initialed in Item 15)			
dd. OTHER (Describe in "Remarks")			
ee. TOTAL ACCESSORIAL SERVICE CHARGES			

17. REMARKS

18. STATEMENT OF OWNER, MILITARY INSPECTOR/TRANSPORTATION OFFICER

a. MATERIALS WERE FURNISHED/ACCESSORIAL SERVICES WERE PERFORMED [redacted] olumn 16(2).)
X AT ORIGIN / OTHER (Explain) / AT DESTINATION

c. DATE SIGNED (YYYYMMDD) 20100927

19. TRANSPORTATION OFFICER CERTIFICATION. I CERTIFY THAT SHIPMENT SERVICES WERE ACCOMPLISHED AS SHOWN BELOW.

a. SERVICES ACCOMPLISHED (X as applicable)

(1) ACCESSORIAL SERVICES (Listed in Item 16)	(3) REWEIGH CERTIFICATION	(6) WAITING TIME	(9) OTHER (Specify)
(2) STORAGE-IN-TRANSIT	(4) THIRD PARTY SERVICES	(7) UNPACKING SERVICE (Baggage only)	
	(5) BULKY ARTICLE CHARGE	(8) OVERTIME LOADING/UNLOADING CHARGE	

b. SIGNATURE OF TRANSPORTATION OFFICER	c. TITLE (Print or type)	d. DATE SIGNED (YYYYMMDD)