SIGNATURE AND TALLY RECORD

(See DOD 5100.76-M for guidance)

Form Approved
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Public reporting burden for this collection of information is estimated to average 3 minutes per response, including 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 this burden, to Department of Defense, Washington Headquarters Services, Directorate of Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0702-0027), Washington, DC 20503. Please DO NOT RETURN your form to either of these addresses. Send your completed form to Headquarters, Military Traffic Management Command, ATTN: MTSS-SE, 5611 Columbia Pike, Falls Church, VA 22041-5050.

DISTRIBUTION INSTRUCTIONS

- The SHIPPER will prepare copies 1 through 4, retain copy 4 and deliver copies 1 through 3 to the Origin Carrier.
- The CARRIER will deliver copies 1 through 3 to the DESTINATION CARRIER.
- The DESTINATION CARRIER will attach copy 1 *(reflecting all signatures)* and Standard form 1113 *(Public Voucher For Transportation Charges)* to the original Government Bill of Lading, and forward for payment. Copy 2 will be delivered to the Consignee. Copy 3 will be retained.
- The CONSIGNEE will ensure Destination Carrier surrenders copy 2.

SECTION I - TO BE COMPLETED BY THE SHIPPER

1. SHIPPER a. NAME TRAFFIC MANAGEMENT OFFICE	2. PROTECTIVE SERVICE REQUESTED	
b. ORIGIN CAMP S.D. BUTLER OKINAWA, JA, 96373-5002	3. GBL OR CBL NUMBER	
4. CONSIGNEE a. NAME	5. PERMIT NUMBER *(If any)*	
b. DESTINATION	6. TRANSPORTATION CONTROL NUMBER	
7. ROUTING	8. WEIGHT	9. CUBE
10. SPECIAL INSTRUCTIONS	11. DATE SHIPPED TENDERED TO CARRIER	12. NAME OF CARRIER ORUKU
13. NUMBER OF PIECES	14. TYPE OF PACKAGE(S) *(for unsealed loads only)* OR CONVEYANCE IDENTIFICATION & SEAL NUMBERS *(for sealed loads only)*	15. FREIGHT CLASSIFICATION DESCRIPTION

SECTION II - TO BE COMPLETED BY EACH PERSON ACCEPTING CUSTODY OF CLASSIFIED OR PROTECTED MATERIAL REQUIRING THE USE OF TRANSPORTATION PROTECTIVE SERVICE DURING TRANSIT.

16. CUSTODY RECORD

PRINT NAME OF PERSON AND COMPANY REPRESENTED a.	STATION INTERCHANGE POINT DESTINATION b.	SIGNATURE OF PERSON ACCEPTING CUSTODY c.	TIME ACCEPTED d.	DATE ACCEPTED e.