

SPECIAL SERVICES REQUEST

INBOUND: _____ OUTBOUND: _____

DATE: _____ AGENT: _____ PHONE: _____

REQUESTED BY: _____ CARRIER: _____

RANK: _____ SSN: _____ EST WT OF SHIPMENT _____

MEMBER'S NAME: _____

HOME ADDRESS: _____

CITY: _____ ZIP CODE: _____ (Required)

HOME PHONE: _____ DUTY PHONE: _____

PACK DATE(S): _____ PICK UP DATE: _____

DELIVERY DATE: _____

DESCRIPTION OF SERVICES: _____ SHIPMENT CODE: _____ (Required)

CRATE REQUEST *(NO 3RD PARTY CRATES)* DIMENSIONS

1. _____	X	X	X
2. _____	X	X	X
3. _____	X	X	X
4. _____	X	X	X
5. _____	X	X	X

3RD PARTY (DIS/RE)ASSEMBLY REQUEST:

GERMAN SCHRUNK: _____ NO. PIECES: _____

WATERBED(S): _____

OTHER: _____

REASON FOR EXTRA LABOR: _____

TOTAL MAN HRS REQUESTED: _____ EQUIP HRS REQ: _____

APPROVED / DISAPPROVED INSP: _____

DATE: _____ AGENT REP NAME: _____

FORM 22

The Form 22 is used to approve various assessorial services, such as crating requests and 3rd party services. Each Form 22 must be submitted to your local QA section for approval. An approved and signed Form 22 must be included with the DD 619-1 in order to receive reimbursement for services rendered. Be sure to retain a copy for your records as well.

What to request on a Form 22

Crating Requests
3rd Party Services
Extra Labor

What not to request on a Form 22

Shuttle Services (The local QA section will maintain a control log)
Bulky Articles
Stair Carry
Long Carry
Any service already listed in the Tariff