

**DOCUMENT NAME: Blanket Purchase Agreement (BPA)  
for Household Goods Shipment  
DOCUMENT TYPE: 17**

1. **Description:** Used for repetitive services from local carriers in connection with a GBL for unaccompanied baggage on PCS moves. Calls are placed against the existing BPA.
2. **Primary Forms:** CG-5398 (or OF-347), Order for Supplies or Services
3. **Related Forms:** \*CG-5131, Standard Travel Order For Military Personnel  
\*DD-214, Certificate of Release or Discharge from Active Duty  
DD-1299, Application for Shipment and/or Storage of Personal Property  
BPA Call Record Sheet  
\*Authorization Letter for Retirement

Note: \*One of these will apply to each shipment on a BPA.

**4. Document Number:**

Note: The document number will only appear on call record sheet. Block 4 of the CG-5398 (or OF-347) should be blank.

- a. The TONO number from the PCS orders will be used for the document number.

SAMPLE: 1704G84PRA123

<u>Document Type</u>	<u>FY Funded</u>	<u>Last nine digits of TONO</u>	<u>Suffix</u>
17	04	G84PRA123	

Note: The suffix will be assigned by FINCEN. FINCEN will use D0\_, the last digit corresponding to month service was provided, D01-OCT, D02-NOV, etc.

5. **Accounting Line:** Will be recorded on Call Record Sheet for each shipment. Different lines of accounting are allowed on one call record sheet. Unit must provide accounting line for each shipment.

SAMPLE: 2/P/401/299/21/0/RA/78040/2221

**6. FINCEN Critical Processing Requirements:**

a. Units must ensure the following information is provided on completed OF-347's:

- (1) DTCCG/HSCG number - block 3.
- (2) Five digit OPFAC of Contracting Office - block 5.
- (3) Unit name, address, and phone number - blocks 5 and 6.
- (4) Vendor name and address - block 7.
- (5) Shipping terms - block 12.
- (6) Block 17 MUST contain a general description of supplies or services to be provided, the specified time period of the agreement, the dollar limitation of each individual purchase, a list of individuals authorized to purchase under the BPA (title or position or name of the individual), vendor invoicing/delivery ticket instructions.
- (7) Proper Mail To: instructions - Document Type 17 (Non TR/GBL), USCG Finance Center, P. O. Box 4114, Chesapeake, VA 23327-4114 - block 21.
- (8) Contracting Authority signature - block 23.

**COPIES OF DOCUMENTS SUBMITTED MUST BE LEGIBLE AND INCLUDE ALL PAGES OF THE ORDER.**

b. Call record sheets must be submitted to provide receiving report information and document number identification for BPA purchases. The following information must be provided:

- (1) Vendor name.
- (2) Document number.
- (3) Date and number of call.
- (4) Signature of caller.
- (5) Brief description of delivery ticket number.
- (6) Authorized amount.
- (7) Accounting data.

c. Units must promptly forward call sheets to facilitate FINCEN receipt by the 5th work day following the end of the billing period.

**COPIES OF DOCUMENTS SUBMITTED MUST BE LEGIBLE**

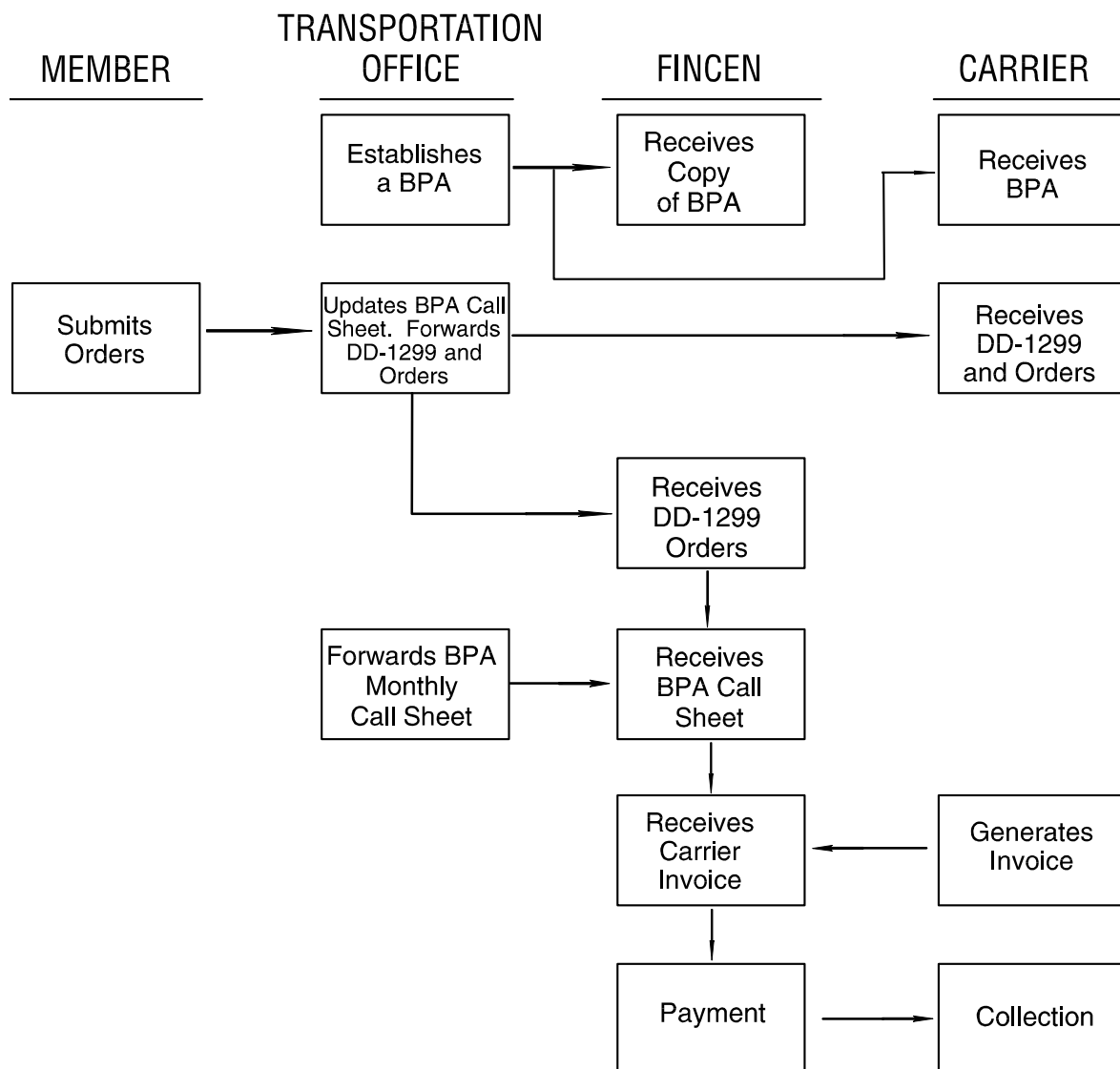
**7. Other Information:** None.

**8. FPD Information:**

- a. Obligation will transmit electronically via FPD.
- b. A copy of the form should be mailed to FINCEN and should have the statement on the face of the document.

**"OBLIGATION TRANSMITTED ELECTRONICALLY VIA FPD"**

- c. When transmitting to FINCEN only the obligation accounting information (XA record) will be sent.

**9. Document Flow:****Figure 12C-34 Blanket Purchase Order for Household Goods Shipment**

9. a. Figure 12C-34 describes the procedures for processing Blanket Purchase Order for Household Goods Shipment.
- b. Blanket purchase agreement is established between transportation office and the carrier. Copies are sent to the carrier and Document Type 17 (Non TR/GBL), USCG Finance Center, P. O. Box 4114, Chesapeake, VA 23327-4114.
- c. The member submits sufficient copies of orders to satisfy distribution requirements to the transportation office.
- d. Transportation office calls vendor for shipment, updates call record sheet, and forwards DD-1299 and orders to carrier and Document Type 17 (Non TR/GBL), USCG Finance Center, P. O. Box 4114, Chesapeake, VA 23327-4114.
- e. Carrier forwards necessary documents to FINCEN for payment.
- f. Transportation office forwards record call sheet to Document Type 17 (Non TR/GBL), USCG Finance Center, P. O. Box 4114, Chesapeake, VA 23327-4114 on monthly basis.
- g. FINCEN matches call record sheet information with vendor invoice and processes for payment.

**10. Sample Forms:** See Figures 12C-35 and 12C-36.

**11. PES Report Sample:**

DOCUMENT ID	TRANS CODE	BATCH NUMBER	COST CENTER	OBJ CLASS	COMMIT	UNDELIVERED ORDERS	ACCRUED EXPEND	EXPEND
1704G84PRA123D01	103F	04100F242	78040	2221	0.00	0.00	0.00	65.00

**12. References:**

- a. COMDTINST M4050.6, Coast Guard Personal Property Transportation Manual.
- b. COMDTINST M4600.12, Travel Manual.
- c. Joint Federal Travel Regulations, Volume I.

DEPARTMENT OF TRANSPORTATION U.S. COAST GUARD CG-5131 (Rev. 11-94)		STANDARD TRAVEL ORDER FOR MILITARY PERSONNEL												
1. SSN 123-12-1234		2. NAME (Last Name, First Name, MI) SMITHE, S.N.				3. RATE/RANK ENS/O-1		4. CURRENT DUTY STATION US COAST GUARD ACADEMY						
5. LEAVE ADDRESS (Street / Address, City, State, Zip / Area Code & Phone) RT 1 BOX 1 ANYTOWN, NY 01234						6. TRANSFER AUTHORITY COMDT MSG 020023Z DEC 03								
7. TRAVEL AND PAY NECESSARY TO THE EXECUTION HEREOF IS REQUIRED IN THE PUBLIC INTEREST AND IS AUTHORIZED CHARGEABLE AGAINST:														
A G E N C Y	D I S T R I C T	APPN CODE	LIM CODE	ALLOT FUND	ALLOT LVL	PROGRAM ELEMENT	COST CENTER	OBJECT CLASS	DOCUMENT IDENTIFICATION NUMBER				ESTIMATED COST	MISC
									TYPE	FY	NUMBER	SUFFIX		
2	P	401	299	21	0	RA	78040	2104	12	04	G84PRA123	000	1500.00	
8. DAYS AUTHORIZED DELAY EN ROUTE BY REGULATIONS OR ENDORSEMENT HEREOF (Indicate number of days delay authorized):														
TRAVEL TIME		PROCEED TIME		LEAVE (INCONUS)		LEAVE (OUTCONUS)		COMPENSATORY ABSENCE		30 NON CHARGEABLE ABSENCE		DATE LINE ADJUSTMENT		
9. PROCEED AND REPORT IN THE ORDER LISTED BELOW:														
UNIT/STATION/PLACE						NATURE OF DUTY			TIME/DATE REPORTING					
COMMANDING OFFICER						FASDU			REP NLT 04 JAN 22					
USCGC EVEREADY						(OBC 12345B)								
						(BCN 1234567)								
10. REMARKS/AUTHORIZATIONS/ADDITIONAL INSTRUCTIONS:														
7040610 AUTHORIZED ADVANCE MILEAGE AND PERDIEM AUTHORIZED 30 DAYS NONCHARGEABLE GRADUATION LEAVE MEMBERS HOME OF RECORD: ANYTOWN, NY SPM MOVE IS AUTHORIZED														
11. Member's Acknowledgement: I have been counselled on the appropriate provisions of the JFTR and Coast Guard Directives regarding my entitlements, and have had all my questions answered. If under PCS orders, I understand I must secure a "Release From Mandatory Assignment to Government Housing" from the Local Housing Authority (LHA) prior to procuring housing in the civilian sector of the area surrounding my new duty assignment. Further, I acknowledge receipt of these orders and understand that I must submit my travel claim for certification and liquidation purposes within 3 working days of either my PCS reporting, ADT greater than 20 weeks, or completion of travel in connection with my separation.														
12a. AUTHORIZING OFFICIAL (Name, Rate/Rank, Signature) R.K. GUARD, YNCS, USCG						12b. DATE 03DEC22		13a. MEMBER'S SIGNATURE AND PLACE ORDERS RECEIVED NEW LONDON, CT			13b. DATE 03DEC22			

PREVIOUS EDITIONS ARE OBSOLETE

Figure 12C-35 CG-5131, Standard Travel Order for Military Personnel

<b>APPLICATION FOR SHIPMENT AND / OR STORAGE OF PERSONAL PROPERTY</b> <small>(Before completing form, read Privacy Act Statement on Page 2)</small>				1. DATE PREPARED (YYMMDD) 04-01-06		2. SHIPMENT NUMBER 1/1	
3. NAME OF PREPARING OFFICE Transp Off USCG Academy, New London, CT C706320				4. TO (Responsible origin Personal Property Shipping Office) a. NAME Transportation Officer (FL)			
5. NAME OF DESTINATION PERSONAL PROPERTY SHIPPING OFFICE T.O. USCG Base, 196 Tradd St (CAPS) Charleston, SC 29401				b. ADDRESS (Street, City, State, Zip Code) U.S. Coast Guard Academy 15 Mohegan Ave New London, CT 06320			
6. MEMBER OR EMPLOYEE INFORMATION							
a. NAME (Last, First, Middle Initial) Smithe, Sam N.			b. RANK/GRADE Ens/O-1		c. SSN 123-12-1234		d. AGENCY U.S. Coast Guard
7. REQUEST ACTION BE TAKEN TO TRANSPORT OR STORE THE FOLLOWING							
a. HOUSEHOLD GOODS / UNACCOMPANIED BAGGAGE / ITEMS / NO. OF CONTAINERS (Enter quantity estimate)							
(1) POUNDS 1500 Lbs		(2) POUNDS OF PROFESSIONAL BOOKS, PAPERS, AND EQUIPMENT (Enter none, if not applicable)			(3) EXPENSIVE AND VALUABLE ITEMS. NUMBER OF CARTONS		
b. MOBILE HOME INFORMATION (Enter dimensions in feet and inches)							
(1) SERIAL NUMBER		(2) LENGTH		(3) WIDTH	(4) HEIGHT	(5) TYPE EXPANDO (Describe)	
(6) MOBILE HOME SERVICES REQUESTED (X as applicable)							
(a) Contents Packed				(b) Mobile Home Blocked			
(c) Mobile Home Unblocked				(d) Stored at Origin			
				(e) Stored at Destination			
8. THIS SHIPMENT/STORAGE IS REQUIRED INCIDENT TO THE FOLLOWING CHANGE OF STATION ORDERS							
a. TYPE ORDERS (X one)				b. ISSUED BY		c. NEW DUTY ASSIGNMENT	
(1) PERMANENT		X		(2) TEMPORARY		Comdt USCG	
d. DATE OF ORDERS (YYMMDD) 03-12-19		e. ORDERS NUMBER 1204G84PRA123		f. PARAGRAPH NO.		g. IN TRANSIT TELEPHONE NO. (Include Area Code) 757 123-1234	
h. IN TRANSIT ADDRESS (Street, City, State, Zip Code) Rt 1 Box 1, Anytown, NY 01234							
9. PICKUP (ORIGIN) INFORMATION				10. DESTINATION INFORMATION			
a. ADDRESS (Street, Address, City, County, State, and Zip Code) (If mobile home, also include mobile home court name) U.S. Coast Guard Academy (GSK) New London, CT 06320				a. ADDRESS (Street, Address, City, County, State, and Zip Code) (If mobile home, also include mobile home court name) Rt 1 Box 1 Anytown, NY 01234			
b. PHONE NUMBER (Include Area Code) 203 444-1234				b. AGENT DESIGNATED TO RECEIVE PROPERTY Susie Smithe			
11. EXTRA PICKUP/DELIVERY ADDRESS (If applicable)							
12. SCHEDULED DATE (YYMMDD) FOR		a. PACK 04-01-15		b. PICKUP 04-01-15		c. DELIVERY 04-02-02	
13. REMARKS							
14. I CERTIFY THAT NO OTHER SHIPMENTS AND / OR NONTEMPORARY STORAGE HAVE BEEN MADE UNDER THESE ORDERS EXCEPT AS INDICATED BELOW (If none, indicate "NONE.")							
a. FROM		b. TO		c. NET POUNDS (Actual or est.)		d. POUNDS OF PROFESSIONAL BOOKS, PAPERS, EQUIPMENT (Actual or est.)	
15. CERTIFICATION OF SHIPMENT RESPONSIBILITIES / STORAGE CONDITIONS. I certify that I have read and understand my shipping responsibilities and storage conditions printed on page 2 of this form.							
a. SIGNATURE OF MEMBER/EMPLOYEE				b. DATE SIGNED		c. ADDRESS OF CONTRACTOR (Street, City, State and Zip Code)	
d. NAME OF CONTRACTOR (Origin DPM or non-temporary storage)							
16. CERTIFICATE IN LIEU OF SIGNATURE ON THIS FORM IS REQUIRED WHEN REGULATIONS SO AUTHORIZE. Property is baggage, household goods, mobile home, and/or professional books, papers and equipment authorized to be shipped at government expense.							
a. REASON FOR NONAVAILABILITY OF SIGNATURE				b. CERTIFIED BY (Signature)			
				c. TITLE			

DD FORM 1299, DEC 85

Effective June 1, 1986 all previous editions of this form are obsolete.

Figure 12C-36 DD-1299, Application for Shipment and/or Storage of Personal Property

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