

# DOD FAMILIES FIRST

## NOTIFICATION OF LOSS OR DAMAGE AT DELIVERY

(This is not a Claim)

NAME OF OWNER _____	RANK/GRADE _____	WT OF SHIPMENT _____
PPBOL/ORDER NO. _____	SCAC CODE _____	PICK UP DATE _____
ORIGIN OF SHIPMENT (City, State & Country) _____		DESTINATION OF SHIPMENT (City, State & Country) _____
TSP REFERENCE NO. _____		

**GENERAL INSTRUCTIONS:** The customer (or their designated representative) and the Transportation Service Provider's (TSP's) delivery representative must jointly complete this form. You should list on this form all new damage and any missing items that you notice before the TSP's representative leaves your home. If you find loss or damage at delivery, you should list it on this form. **If no loss and/or damage is discovered at the time of delivery, write "NONE" in the space provided. Please, DO NOT for any reason, leave this form blank. If required, use multiple copies of this form**

**NOTED LOSS AND/OR DAMAGE:**

INV. NO.	ITEM	DESCRIPTION OF DAMAGE (If missing, so specify. Electronic items, provide brand & model number)

The purpose of this form is to provide the TSP notice of loss or damage discovered at the time of delivery. See the Notice of Loss or Damage **AFTER** Delivery form for instructions on how to file your claim on line. You must give the TSP notice of all loss or damage by submitting this form and Notice of Loss or Damage **AFTER** Delivery form within 75 days of delivery. You will not be paid by either the TSP or the government for any item that is not listed on these forms. Furthermore, you will not be paid for items that are listed on the Notice of Loss or Damage **AFTER** Delivery form unless it is dispatched to the TSP within 75 calendar days of delivery.

**THIS IS NOTIFICATION OF LOSS OR DAMAGE AT DELIVERY:** By signing below, I acknowledge receipt of one (1) copy of the Notification of Loss or Damage **AT** Delivery document. I understand that I have 75 days from delivery to identify and list further loss or damage not discovered at delivery on the Notification of Loss or Damage **AFTER** Delivery document. I understand that I must mail, fax or dispatch electronically the Notice **AFTER** Delivery to the TSP identified below within 75 days of delivery. I understand that I will not be paid by either the TSP or the government for any item that is not listed on these forms.

**ACKNOWLEDGEMENT BY CUSTOMER OR THEIR REPRESENTATIVE:**  
(complete as applicable and sign below.)

Unpacking, Partial Unpacking and removal of packing material, boxes, cartons and other debris was (check one)  
performed not performed waived TSP will return

Signature of the Service Member X \_\_\_\_\_

Deleted: was \_\_\_\_\_  
performed \_\_\_\_\_ waived

<p><b>Received for delivery at:</b></p> <p>Street Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Telephone Number _____</p> <p>Customer Signature _____ Date _____</p>	<p><b>Name/Address of Transportation Service Provider (TSP)</b></p> <p>Telephone Number _____ FAX Number _____</p> <p>TSP Signature _____ Date _____</p>
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