

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service

Chapter CC24--Travel and Transportation
Subchapter CC24.6--Transportation of Household Goods
Personnel INSTRUCTION 1--General Information About Shipment of
Household Goods

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Section A. Purpose and Scope

1. This INSTRUCTION provides general information about transportation of household goods and personal effects, both domestic and foreign, of members of the Public Health Service (PHS) Commissioned Corps when moving at Government expense on Government bills of lading. It provides for the establishment of household goods shipping officers within PHS.
2. These provisions are applicable to designated PHS shipping officers at headquarters and field installations who arrange for transportation of household goods and personal effects belonging to commissioned officers. These INSTRUCTIONS also provide general guidance to administrative personnel in agencies other than PHS who will handle shipments for PHS commissioned officers detailed to their agencies, and to commissioned officers who must act as their own shipping officer.

Section B. Authority

The basic authorities for the transportation allowances described in this subchapter are contained in 37 U. S. Code, Section 406. The Joint Federal Travel Regulations (JFTR), Volume 1, Chapter 5, provides the authority for members of the uniformed services to transport household goods and personal effects at Government expense, within the framework of decisions of the General Accounting Office (GAO). The INSTRUCTIONS contained in this subchapter are intended to supplement the JFTR and provide guidance not found in the JFTR. In cases where the provisions of this subchapter are contrary to the provisions of the JFTR, the latter shall be the controlling document.

Section C. Definitions

For purposes of this INSTRUCTION, the terms defined in this section shall apply throughout this subchapter, unless specifically defined differently in a particular instance.

1. Household Goods. This term is understood to include the term "personal effects," and shall have the meaning given to "Household Goods" in Appendix A of the JFTR. The JFTR definition includes a list of specific items which may not be considered household goods for the purposes of shipment at Government expense.
2. PHS Component. This identifies the PHS Agencies, staff offices and regional offices, and the various installations within their respective jurisdictions.
3. Shipping Officer. In the general sense, this is an individual within a PHS component who is responsible for making arrangements for the transportation of the household goods of PHS commissioned officers. Where necessary, these INSTRUCTIONS will specify a specific shipping officer to be used for certain shipments.

Section D. Responsibility

1. The Division of Commissioned Personnel (DCP), Office of the Surgeon General, coordinating, when appropriate, with the PHS components and their respective financial management offices, shall:
 - a. Develop, prescribe, and issue PHS traffic management policies and procedures for the transportation of household goods and personal effects for members of the PHS Commissioned Corps when moving at Government expense;
 - b. Interpret applicable transportation directives and instructions of the JFTR, GAO, and transportation regulatory agencies; and
 - c. Provide staff assistance in the area of transportation, as necessary.

2. The PHS component financial management offices and field accounting points will be responsible for auditing carriers' bills of lading for transportation charges to assure that payment of charges by PHS are limited to authorized allowances and entitlements.
3. The Personnel Services Branch, DCP, is responsible for providing interpretation of entitlements within the JFTR in situations requiring explanation beyond the knowledge of local personnel or administrative offices.
4. The Transactions and Applications Branch, DCP, is responsible for:
 - a. Issuance of personnel orders directing a permanent change of station which provides:
 - (1) Entitlement to shipment and/or local drayage of household goods, if appropriate;
 - (2) Appropriate fiscal information;
 - (3) Points between which transportation is authorized, thus establishing maximum distance goods may be shipped at Government expense; and
 - (4) Entitlement to additional temporary storage or nontemporary storage when indicated.
 - b. Directing affected officers on permanent change of station to the appropriate shipping officer; and
 - c. Furnishing informative material and necessary forms related to shipment of household goods to members of the commissioned corps upon being called to duty.
5. The PHS components will be responsible for implementing the household goods shipment program within their respective areas. As a matter of general policy, each major PHS installation, outside the Washington, D.C. area, having shipping capabilities will provide household goods shipping service for other PHS activities located in the same general vicinity, regardless of component affiliation. This may consist of:
 - a. Providing for a shipping officer within the headquarters;
 - b. Requiring the assumption of household goods shipment responsibility at installations having existing capabilities for the shipment of Government property;
 - c. Arranging for another PHS component to provide shipping services;
 - d. Any combination of the above;

6. Officers in charge of PHS field installations shall:
 - a. Be responsible for overall implementation of the household goods shipment program at their stations; and
 - b. Establish a central shipping office for household goods shipments. This responsibility, if possible, will be assigned to a shipping officer who otherwise is responsible for shipping Government property. This responsibility will not be reassigned except at large installations where the volume of household goods shipments warrants the designation of a separate shipping officer for that purpose.

7. Upon receipt of form PHS-4013-1, "Application for Shipment of Household Goods" (Exhibit I), shipping officers and/or their alternates shall be responsible for:
 - a. Selecting the mode of transport and carrier (unless the owner of the goods requests a specific carrier within the selected mode) that will provide the required service at the most economical cost overall to the Government;
 - b. Preparing Government bills of lading (see INSTRUCTION 4, CC24.6, "Government Bills of Lading"), completing form PHS-1672, "Authorization for Storage of Household Goods - Temporary-Nontemporary" (see INSTRUCTION 7, CC24.6, "Nontemporary Storage"), and related documents to facilitate shipments;
 - c. Insuring that Government bills of lading are issued only for official purposes on the basis of official orders that authorize transportation at Government expense, and that appropriate records are maintained of such issuance;
 - d. Avoiding discrimination or undue preference or advantage in selection of carrier agents. (To the best of their ability, shipping officers shall make equitable distribution of household goods shipments among carrier agents used who provide high-quality service at the lowest overall cost to the Government.) This provision does not preclude the avoidance of certain carrier agents who have demonstrated that they cannot or will not provide satisfactory service;
 - e. Determining that carriers used have adequate facilities at origin and destination to service shipment satisfactorily;
 - f. Utilizing the services of a sufficient number of qualified carriers to provide reasonable assurance of adequate capability, availability, and service during peak shipping periods;

- g. Determining that carriers used for domestic shipments are parties to household goods Military Rate Tenders and reference to such tenders is noted appropriately on Government bills of lading;
- h. Arranging, when necessary, with the State Department Dispatch Agents for transportation of household goods and personal effects to points outside the continental United States;
- i. Securing confirmation, in writing, of the charges to apply or applicable tariff on shipments from the continental United States to overseas points, including Alaska and Hawaii, from the carrier who will provide the required service at the lowest overall cost to the Government. A copy of such confirmation should be attached to the portion of the Government bill of lading forwarded to the accounting point responsible for payment of charges;
- j. Requesting destination shipping officers, when appropriate, to arrange for reweighing shipments upon arrival at destination. (Origin shipping officers may make such requests occasionally to insure against irregularities, or upon well founded requests by property owners.) When the weight at destination is less than the weight recorded on the bill of lading at origin, the destination shipping officer will advise the appropriate accounting point to ensure that carrier's billing is based on the lower of the two weights. The origin shipping officer should also be advised so that appropriate notation can be made on the copy of the Government bill of lading;
- k. Maintaining quality control information on household goods shipments by use of form PHS-4086, "Carrier's Performance Report" (Exhibit II). These forms should be reviewed and discussed with individual carrier agents when performance and service need to be improved or when a carrier agent is deleted from the roster of agents to be used;
- l. Determining the amount of excess costs to be collected from a member of the commissioned corps and collecting such costs prior to the member's departure from his/her duty station if appropriate (see INSTRUCTION 8, Subchapter CC24.6, "Excess Costs of the Shipment of Household Goods and Personal Effects").
- m. Referring questions related to entitlements or interpretation of the JFTR for which answers cannot be obtained from local administrative or finance offices, through the appropriate Agency Commissioned Corps Liaison, to the PHS/ Military Advisory Panel Member, Per Diem, Travel and Transportation Committee, located in DCP, Room 4-35, Parklawn Building, Rockville, Maryland 20857;
- n. Resolving, to the extent possible, difficulties relating to transportation in connection with shipments arriving at their stations. In the event a

specific transportation problem cannot be resolved by the destination shipping officer, it will be referred to the shipping officer at the station where shipment originated;

- o. Maintaining liaison with other shipping officers within PHS on matters concerning mutual problems, transportation rates, and other transportation information relating to the movement of household goods;

- p. Referring questions of policy and procedure not covered by official instructions in the Commissioned Corps Personnel Manual (CCPM), or requests for interpretation of CCPM instructions, through appropriate channels, to the Shipping Officer, Division of Technical Services/OD, National Institutes of Health, Room B1C02, Building 31, 9000 Rockville Pike, Bethesda, Maryland 20892.

In addition to the responsibilities enumerated herein, shipping officers should acquire a working knowledge of the JFTR and the HHS Voucher Audit Manual insofar as they pertain to the transportation of household goods and personal effects.

EXHIBIT I

APPLICATION FOR SHIPMENT OF HOUSEHOLD GOODS (COMMISSIONED OFFICERS)

Type or print two copies of this Form. Forward one copy to PHS Shipping Officer serving your station. Retain one copy for your records.

1. TO: (Name and Address of Shipping Officer)		2. FROM: (Last name, first name, middle initial and rank of applicant)		3. TELEPHONE NO. (Applicant) OFFICE HOME	
4. PRESENT PERMANENT DUTY STATION (Bureau, Division, City and State)					
5. I hereby request that my household goods be transported as authorized by attached copy of				NO ROOMS	
<input type="checkbox"/> PERSONNEL ORDER <input type="checkbox"/> TRAVEL ORDER NUMBER _____ DATED _____				APPROX. WT.	
THIS ORDER AUTHORIZES SHIPMENT TO (City and State)			This order <input type="checkbox"/> DOES <input type="checkbox"/> DOES NOT separate or inactivate me from active duty		
6. (a) I have previously shipped under order listed in item 5 above <input type="checkbox"/> YES <input type="checkbox"/> NO (b) IF YES list shipment(s) made below					
DATE		FROM		TO	
				S.B.L. NO. (If known)	
				WT. SHIPPED (If known)	
7. SHIPMENT TO BE MADE FROM (Street Address, City and State)		8. TO BE SHIPPED TO (Street Address, City and State)		9. DATE REQUESTED FOR PICKUP	
				10. DESIRED DATE OF ARRIVAL	
11. EXTRA LOCAL PICKUP (Street Address, City and State)			12. EXTRA LOCAL DELIVERY (Street Address, City and State)		
13. MY MAILING ADDRESS WHILE GOODS ARE IN TRANSIT WILL BE		14. PERSON TO RECEIVE GOODS AT DESTINATION OR DESIGNATED AGENT		15. I REQUEST THAT MY GOODS BE PLACED IN STORAGE AT (City and State)	
16. REMARKS OR ADDITIONAL INFORMATION					
17. I certify that:					
(a) The above requested shipment will consist of household goods in my possession prior to the effective date of my orders.		(c) The following appliances will need technical servicing for safe transportation: 1. _____ 2. _____ 3. _____ 4. _____		(f) I have not and will not make claim for trailer allowance.	
(b) The following items are necessary in the performance of my official duties: Professional books _____ Yes <input type="checkbox"/> No <input type="checkbox"/> Professional papers _____ Yes <input type="checkbox"/> No <input type="checkbox"/> Other (Specify) _____		(d) I will immediately notify the origin shipping officer if my orders are modified or cancelled and affect this shipment.		(g) Shipment of approximately _____ pounds of my allowance by expedited mode is required to carry out assigned duties or prevent undue hardship to me and/or my dependents.	
(e) I will pay all excess costs incurred as a result of this shipment. (This agreement will not prejudice my right to appeal such costs after payment is made.)				(Signature of Applicant) _____ (Date) _____	
FOR ADMINISTRATIVE USE ONLY					
REPRESENTATIVE CONTACTED		DATE		REPRESENTING (Name of Company or Agent)	
SHIPMENT CONFIRMED PER		DATE		PICK-UP DATE	
S.B.L. NO.		NAME OF TRANSPORTATION COMPANY		TENDERED TO (Name of Agent)	
<input type="checkbox"/> Lot's Household Goods		<input type="checkbox"/> Excess distance _____ miles Excess charges _____		<input type="checkbox"/> Excess weight _____ pounds Excess charges _____	
<input type="checkbox"/> Gross _____ Tare _____ Net _____		<input type="checkbox"/> Unauthorized services (specify) _____ Excess charges _____		Total amount to be paid by Commissioned Corps member to Shipping Officer prior to shipment of goods (When appropriate) _____	
<input type="checkbox"/> Weight includes _____ lbs. professional books, papers, etc.					
<input type="checkbox"/> S.I.T.E 90 days at (Name, address and telephone number of agent)					
MARKS:					
NOTES:					

PHS-4013-1 (REV. 9-77)

(See Privacy Act on reverse of Part 2)

EXHIBIT II

HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICES

CARRIERS' PERFORMANCE REPORT

TO: (Name and address of owner)	FROM: (Name and address of shipping officer)
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Your household goods were scheduled for shipment:

FROM	On (date of pick-up)	VIA (name of carrier)
		CARRIER'S AGENT AT ORIGIN
FOR DELIVERY TO	On (date for delivery)	CARRIER'S AGENT AT DESTINATION

In order that we may evaluate the services provided you by the above named carrier, it is requested that you furnish this office with the following information after your household goods have been delivered.

DATE OF PICK-UP FROM FORMER RESIDENCE		DATE DELIVERED TO NEW RESIDENCE	
<p>1. WAS SHIPMENT STORED IN TRANSIT? YES NO</p> <p style="padding-left: 20px;">If "yes," was storage at your request? <input type="checkbox"/> <input type="checkbox"/></p> <p>2. WERE HOUSEHOLD GOODS DELIVERED ON SCHEDULED DATE? <input type="checkbox"/> <input type="checkbox"/></p> <p>3. WERE CARRIER PERSONNEL</p> <p style="padding-left: 20px;">a. COURTEOUS AT ORIGIN? <input type="checkbox"/> <input type="checkbox"/></p> <p style="padding-left: 40px;">AT DESTINATION? <input type="checkbox"/> <input type="checkbox"/></p> <p style="padding-left: 20px;">b. PRESENTABLE IN APPEARANCE AT ORIGIN? <input type="checkbox"/> <input type="checkbox"/></p> <p style="padding-left: 40px;">AT DESTINATION? <input type="checkbox"/> <input type="checkbox"/></p> <p>4. WAS NECESSARY SERVICING PERFORMED ON YOUR APPLIANCES AT ORIGIN? <input type="checkbox"/> <input type="checkbox"/></p> <p style="padding-left: 40px;">AT DESTINATION? <input type="checkbox"/> <input type="checkbox"/></p> <p>5. WAS A CLEAN-TYPE METHOD (RATHER THAN SHREDDED PAPER, EXCELSIOR, NEWSPAPER ETC.) USED TO PACK DISHES AND GLASSWARE? <input type="checkbox"/> <input type="checkbox"/></p> <p>6. DID CARRIER UNPACK ALL CARRIER-PACKED ARTICLES (unless otherwise requested)? <input type="checkbox"/> <input type="checkbox"/></p> <p>7. DID CARRIER PLACE HOUSEHOLD GOODS IN APPROPRIATE ROOMS AT NEW RESIDENCE AS DIRECTED? <input type="checkbox"/> <input type="checkbox"/></p>	<p>8. DID CARRIER REASSEMBLE ARTICLES AT DESTINATION WHICH WERE DISASSEMBLED AT ORIGIN? YES NO</p> <p style="padding-left: 20px;"><input type="checkbox"/> <input type="checkbox"/></p> <p>9. WERE GENERAL CONTENTS INDICATED ON ALL CARTONS PACKED BY CARRIER? <input type="checkbox"/> <input type="checkbox"/></p> <p>10. WERE ARTICLES CLEARLY MARKED OR TAGGED TO CORRESPOND WITH INVENTORY AND CONDITION LIST? <input type="checkbox"/> <input type="checkbox"/></p> <p>11. DID CARRIER FURNISH A LEGIBLE COPY OF:</p> <p style="padding-left: 20px;">a. COMPLETED INVENTORY AND CONDITION LIST? <input type="checkbox"/> <input type="checkbox"/></p> <p style="padding-left: 20px;">b. THE GOVERNMENT BILL OF LADING? <input type="checkbox"/> <input type="checkbox"/></p> <p>12. DID CARRIER LEAVE RESIDENCE CLEAN AND FREE OF DEBRIS RESULTING FROM:</p> <p style="padding-left: 20px;">a. PACKING AT ORIGIN? <input type="checkbox"/> <input type="checkbox"/></p> <p style="padding-left: 20px;">b. UNPACKING AT DESTINATION? <input type="checkbox"/> <input type="checkbox"/></p> <p>13. WAS PROPERTY DELIVERED WITHOUT LOSS OR DAMAGE? <input type="checkbox"/> <input type="checkbox"/></p> <p style="padding-left: 20px;">If not, did you obtain official claim forms from the delivering carrier? <input type="checkbox"/> <input type="checkbox"/></p> <p style="padding-left: 20px;">Has official claim form been filed with delivering carrier? <input type="checkbox"/> <input type="checkbox"/></p>		

REMARKS (Explain negative answers. If additional space is required use reverse side.)

DATE	SIGNATURE
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