

FREIGHT RATE ANALYSIS REQUEST

For all purchases where the State is responsible for freight charges, complete the following and fax it to Transportation Management at (916) 375-4553 or email it to TransportationManagement@dgs.ca.gov.

Purchase Estimate Number:		Date:	
(Parent) Agency/ Department:		Office/Division/ etc.:	
Requestor Name:		Telephone Number:	
Email Address:		Fax Number:	
Supplier's Name:		Telephone Number:	
Point of Origin (City & State):		Zip Code:	
Point of Destination (City & State):		Zip Code:	

Enter Supplier's Firm Freight Quote:	\$ Total Dollar Value of Order: \$
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DESCRIPTION OF ITEMS ORDERED*	WEIGHT	FREIGHT CLASS/ NMFC**	**NMFC = National Motor Freight Classification (up To 7 digits). (Obtain from Supplier)

* If more space is needed, check box at left and attach additional information (or include copy of Purchase Estimate)

TYPE OF SHIPPING NEEDED (check the box to left of selection)

<input type="checkbox"/> General Freight	<input type="checkbox"/> Flatbed	<input type="checkbox"/> Temp. Control	<input type="checkbox"/> Multiple Shipments
<input type="checkbox"/> Truckload	<input type="checkbox"/> Air Ride	<input type="checkbox"/> Air Freight	<input type="checkbox"/> Expedite Shipment
<input type="checkbox"/> Small Parcel (Master Agreement) (up to 150 pounds)	<input type="checkbox"/> Padded Van	<input type="checkbox"/> Other (describe):	

The following is Transportation Management's recommendation for the above shipment:

	<p>Ship via Supplier's Firm Freight Quote. Note on PO: F.O.B. DESTINATION, PREPAY AND ADD FREIGHT TO INVOICE. FREIGHT NOT TO EXCEED \$ _____ PER SUPPLIER QUOTE. ALL FREIGHT CHARGES OVER \$50 REQUIRE A SUPPORTING PREPAID FREIGHT BILL, PRIOR TO FREIGHT PAYMENT.</p>
	<p>Ship via State's Small Parcel Agreement. Estimated Freight \$ _____. Note on PO: F.O.B. ORIGIN – THIRD PARTY BILLING TO ACCOUNT [INSERT ACCOUNT NUMBER]. SUPPLIER ROUTE VIA [INSERT CARRIER'S NAME] (GROUND). NOTE TO SHIPPER: PURCHASE ORDER NUMBERS NEEDS TO BE SHOWN ON SHIPPING DOCUMENT(S).</p>
	<p>Note on PO: F.O.B. ORIGIN FREIGHT COLLECT (REPLACE ORIGIN WITH CITY AND STATE) SHIPPING INSTRUCTIONS: SUPPLIER ROUTE VIA _____ Carrier's telephone number: _____ Annotate Bill of Lading as follows: "Freight for the State of California, Tender Number _____ applies. State of California Purchase Order Number _____ SHIP FREIGHT COLLECT. Estimated Freight: \$ _____. If supplier is unable to use this carrier, call Transportation Management at (916) 376-1888.</p>
	OTHER:

Completed By TMU Staff Member:	Telephone Number: (916) 376-1888
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Comments:	Date:
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