SMALL PARCEL DELIVERY MONTHLY ACTIVITY REPORT (USAGE REPORT)

Service Period: _____

Month and Year

TM/CO 302 - California Overnight

Transportation Rate Agreement: _____

TRA Number

Agency/Department: _____

Agency/Department Name

_____

Address

Agency Contact Person: _____

Name

_____

Phone Number

Agency Billing Code	Small Parcel Account Number	Total Number of Packages	Total Dollars

Total monthly dollars: $ 0.00

Email to: transportationmanagement@dgs.ca.gov

Interagency Mail Service (IMS) Code: P-7

Fax Number (916) 928-5849 – Phone Number (916) 928-5842

Mail to: Department of General Services, Transportation Management Unit

1700 National Drive, Sacramento, CA 95834-1965