



OFFICE USE ONLY			
IC		OC	
ID		DD	
# pallets			
Total labor hrs			

**STATE OF NEW YORK
OFFICE OF GENERAL SERVICES
INTERAGENCY MAIL AND INTERCITY COURIER SERVICES**

FREIGHT SERVICE REQUEST

Commodity:		
Number of Cases:	Number of Pallets:	Weight:

Pick Up Information	
Agency:	Contact:
Address:	Telephone No:
City:	Date :
Special Instructions/Comments:	
Driver's Signature:	Customer's Signature:
Print:	Print:
Date:	Date:

Delivery Information	
Agency:	Contact:
Address:	Telephone No:
City:	Date :
Special Instructions/Comments:	
Driver's Signature:	Customer's Signature:
Print:	Print:
Date:	Date: