

FREIGHT RATE ANALYSIS REQUEST FORM

For all purchases where the State is responsible for freight charges, complete this form, attach the supplier's quote, and Purchase Order (if available) and email it to TransportationManagement@dgs.ca.gov.

Purchase Estimate/ Purchase Order:		Date:	
(Parent) Agency/ Department:		Office/Division/ etc.:	
Requestor Name:		Telephone Number:	
Email Address:		Supplier's email:	
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: \$
DESCRIPTION OF ITEMS ORDERED*	WEIGHT	FREIGHT CLASS/ NMFC**
		**NMFC = National Motor Freight Classification (up to 7 digits). (Obtain from Supplier)

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:	
<input type="checkbox"/>	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.
<input type="checkbox"/>	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).
<input type="checkbox"/>	Note on PO: F.O.B. ORIGIN FREIGHT COLLECT (REPLACE <u>ORIGIN</u> 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, email TransportationManagement@dgs.ca.gov
<input type="checkbox"/>	OTHER:

Approved by TMU Staff Member:
