Prescribed by: DTR 4500.9-R

REPORT OF CONTRACTOR SERVICES										
SECTION I										
			CONTRACTOR NAME 3. CONTRACT NUMBER				MRFR	4. ORDER NUMBER		
I. INSPECTING ACTIVITY		2. CONTRACTOR NAME				3. CONTRACT NOMBER		4. ORDER NOMBER		
5. SHIPMENT INSPECTED (X as applicable)							6a. DATE	(YYYYMMDD)	b. TIME	
RESIDENCE CONTRACTOR'S FACILITY OTHER							0027112	- (
		L)FI IVERY	ADDRESS (Street	Anartmen	t Number City	State ZIP	
7a. PROPERTY OWNER NAME (Last, First, Middle Initial) 8. PICKUP/DELIVERY ADDRESS (Street, Apartment Number, City, State, ZIP Code)										
b. RANK/GRADE	c SSN			•						
b. RANK/GRADE c. SSN										
INSTRUCTIONS: Information in Section I above is obtained from DD Form 1299. Section II will be completed during the inspection of services. Place an "A" in the										
box when the service is acceptable or a "U" when the service is unacceptable. When the service is not required, place an "NA" in the box. The										
appropriate contract paragrap	oh number must be p	laced in th	e colur	nn marked "R	EFEREN	CE" when the service	is unacce	eptable.		
SECTION II										
							11. SCHEDULES			
9. SERVICE						10. REFERENCE		1	ı III	
a. Did the carrier perform a premove survey, if required?										
b. Did the contractor weigh the shipment in accordance with prescribed procedures?										
c. Was PBP&E properly weighed?										
d. Did the contractor reweigh in accordance with prescribed procedures?										
e. Was shipment picked up within agreed times on the agreed date?										
f. Was shipment delivered within agreed times on the agreed date?										
g. Do packing materials meet specifications?										
h. Were proper packing methods used?										
i. Was inventory properly prepared?										
j. Were appliances properly serviced as required?										
k. Were appliances properly unserviced as required?										
I. Were proper materials used to service appliances?										
m. Were articles properly containerized?										
n. Were articles properly loaded in the van?										
o. Were containers properly marked?										
p. Were containers properly remarked, when required?										
q. Were proper storage services provided?										
r. Were unloading services performed and were articles placed so they were readily										
accessible to the member?										
s. Were unpacking services performed?										
t. Was debris removed from residence?										
u. Was loss and damage recorded on a DD Form 1840 at the time of delivery?										
v. Were weight tickets, GBL, and packing lists property completed?										
w. Were documents returned to the ITO within the required time frame?										
12. REMARKS										
13. NAME OF CONTRACTOR NOTIFIED OF DISCREPANCIES				14. SIGNATURE OF CONTRACTOR NOTIFIED OF DISCREPANCIES						
(Last, First, Middle Initial)										
15. NAME OF INSPECTING	5. NAME OF INSPECTING OFFICIAL 16. SIGNATURE C					CTING OFFICIAL		17. DATE (YY	YYMMDD)	
(Last, First, Middle Initial)										
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DD FORM 2773, SEP 1998

CUI (when filled in)

Controlled by: OUSD(A&S)
CUI Category: PRVCY
LDC: FEDCON
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