

APPENDIX I

TRANSPORTATION DISCREPANCY REPORT (TDR) INSTRUCTIONS

A. INSTRUCTIONS FOR PREPARING DD FORM 361, TRANSPORTATION DISCREPANCY REPORT (TDR)

The following instructions describe how to fill out DD Form 361, Transportation Discrepancy Report (Figure I-1)

| <u>Block</u> | <u>Element</u> |
|--------------|----------------|
|--------------|----------------|

- | | |
|---|---|
| 1 | <u>Date</u> . Enter Julian date TDR is prepared (e.g., 9 Oct 2013 would be entered as 13282). |
| 2 | <u>Report Number</u> . This number is made up of the reporting activity's Department of Defense Activity Address Code (DODAAC) followed by the last two digits of the year the report was created and a four-digit sequential number (e.g., AAAAAA-08-0001). This four-digit number will start with 0001 and go to 9999 or to the end of the calendar year. The first TDR of each calendar year will always be 0001. Units giving subsistence stockage support to a Defense Subsistence Region (DSR) will use the DODAAC of that DSR. The last four digits will come from a block of numbers assigned by the Defense Logistics Agency (DLA). |
| 3 | <u>TO</u> . Enter name and address (including Zone Improvement Plan [ZIP] Code) of the office(s) to which the Request for Information (RFI) or miscellaneous TDR will be mailed. |
| 4 | <u>Reporting Activity</u> . Enter name and address (including ZIP Code) of the reporting activity. Government Cargo Recovery Effort (GOCARE) committee members enter a property identification code such as Bill of Lading (BL) number, Transportation Control Number, National Stock Number (NSN) or contract number. Enter the DODAAC in the box within Block 4. If the unit gives subsistence stockage support to a DSR, use the DSR DODAAC and ZIP Code. |
| 5 | <u>Consignor</u> . Enter name and address (including ZIP Code) of the activity that directed the shipment. Enter the DODAAC in the box within Block 5. If shipped by a contractor, use the DODAAC of the activity that administered the contract. If a sealift carrier is suspected or known to be at fault, enter the Port of Embarkation (POE) code. |
| 6 | <u>Consignee</u> . Enter name and address (including ZIP Code) of the activity that is receiving the shipment. Enter the DODAAC in the box within Block 6. If the reporting activity is the consignee enter "Same as Block 4." |
| 7 | <u>Shipper</u> . Enter the name and address (including ZIP Code) of the activity making the shipment for the consignor. Enter the DODAAC in the box within Block 7. If the shipper is the consignor, enter "Same as Block 5." If the shipment is containerized, include the name of activity that stuffed the container. If the shipper is a contractor, enter the Commercial and Government Entity (CAGE) Code from the BL or other shipping document. Location of the CAGE codes is as follows: On DD Form 250, <u>Material Inspection and Receiving Report</u> , <u>Figure I-2</u> , in "SHIPPED FROM" block; on DD Form 1348-1A, <u>Issue Release/Receipt Document</u> , <u>Figure I-3</u> , in "SHIPPED FROM" block; on BL, Block 11; and on CBL in "FROM" or "SHIPPER" block. |
| 8 | <u>Carrier's Name (SCAC)</u> . Show the carrier's complete name and SCAC. |
| 9 | <u>Carrier's Pro/Freight Bill No.</u> Enter the number from the carrier's delivery receipt. |

- | <u>Block</u> | <u>Element</u> |
|---------------------|---|
| 10 | <u>Bill of Lading No./Type</u> . Enter the number and indicate the type (i.e., BL or CBL). |
| 11 | <u>Mode Code</u> . Choose the correct code from Paragraph D . |
| 12 | <u>Date Carrier Signed for Shipment</u> . Enter the Julian date the carrier signed for the shipment. |
| 13 | <u>Date Consignee Received Shipment</u> . Enter the Julian date on which the consignee signed for the shipment. |
| 14 | <u>Date Discrepancy Discovered</u> . Enter the Julian date on which the discrepancy was discovered. |
| 15 | <u>Date Carrier Notified</u> . Enter the Julian date on which the commercial carrier was first notified (as in case of pilferage, theft, vandalism, partial loss, or damage). |
| 16 | <u>Carrier Representative Contacted</u> . Show the name and telephone number of the carrier's agent contacted. |
| 17 | <u>Seal Numbers and Condition</u> . Place an "X" in the proper block and show the seal number. |
| 18 | <u>Transportation Control No.</u> Show control number assigned to identify the material. |
| 19 | <u>Commodity Description and/or National Stock No. (NSN)</u> . Enter item name and NSN or part number. Include the member's/employee's name and grade on personal property shipments. |
| 20 | <u>Type of Pack</u> . Choose the correct code from Paragraph E . |
| 21 | <u>Quantity Discrepant (Pieces)</u> . Show the number of pieces reported as discrepant for each line entry. |
| 22 | <u>Type and Cause Code</u> . See Paragraph C . |
| 23 | <u>Unit of Issue</u> . Show the two-letter abbreviation of the type of unit under which the material was issued. See the shipping document. |
| 24 | <u>Units Billed/Shipped</u> . Show the total number of units that were shown on the billing or shipping document. |
| 25 | <u>Discrepant Units</u> . Enter the number of units of issue that were found to have discrepancies. |
| 26 | <u>Discrepant Weight</u> . Show the total weight for each discrepant line entry in Block 26. |
| 27 | <u>Value or Cost of Repairs</u> . For shortages, enter the replacement value. For over or astray cargo, enter the value of material when available. For reparable damage, enter the total of the cost to repair plus the transportation costs to and from the repair shop. For non-reparable damage, use the total of the preshipment value plus any other costs incurred to salvage the materials, minus the amount recovered through salvage. NOTE: For Miscellaneous TDRs, this Block will be blank. |
| 28 | <u>Remarks</u> . This block is to request information needed in the investigation of the discrepancies. Include photographs or any document the shipper may not have that will aid his/her reply. Use this space to confirm notification to the carrier. For miscellaneous discrepancies explain the circumstances and responsibility. For outside the Continental United States, complete block 36 with appropriate remarks. NOTE: Remarks and Type and Cause will match. |
| 29a | <u>Name of Preparer</u> . Self-explanatory. |

Block Element

- 29b Email Address. Enter full e-mail address.
- 29c Telephone Number. Show both the commercial and Defense Switched Network (DSN) or Federal Telecommunications System (FTS) telephone numbers.
- 29d Facsimile Number. Show both the commercial and DSN or FTS facsimile telephone numbers.
- 30 Reply. This block is to reply to any questions asked in Block 28 or to furnish any information to aid in the resolution of the discrepancy.
- 31a Name of Respondent. Self-explanatory.
- 31b Telephone Number. Show both the commercial and DSN or FTS telephone numbers.
- 31c Email Address. Enter full e-mail address.
- 31d Facsimile Number. Show both the commercial and DSN or FTS facsimile telephone numbers.
- 31e Date. Julian date.
- 32 TO. Enter the name and address (including ZIP Code) of the finance center or claim office or contract administration office to which the TDR package is to be mailed. Leave blank for RFI – required for TDR for claim action.
- 33 Exception Noted on Carrier’s Delivery Receipt? Place an “X” in the proper Block and complete required remarks. Leave blank for RFI – required for TDR for claim action.
- 34 Inspection Data. Place an “X” in the proper Block and complete the required action. Leave blank for RFI – required for TDR for claim action.
- 35 Disposition Data. Place an “X” in the proper Block and complete the required action. Leave blank for RFI – required for TDR for claim action.
- 36 Remarks. Add any details that will help explain the discrepancy to the finance center or claims office, or that will aid them in filing a claim. List the documents attached. Leave blank for RFI – required for TDR for claim action.
- 37 Attachments. Place an “X” in the proper Block and complete the remarks. Leave blank for RFI – required for TDR for claim action.
- 38 Accounting Classification. For Inventory and Financial Adjustments. When filling in Block 38 for the DLA Stock Fund, always use 26.0 in positions 14, 15, and 16 in appropriation of the property. Service components will complete Block 38 in accordance with individual Service instructions. Leave blank for RFI – required for TDR for claim action.

B. FIRST POSITION OF MATERIAL

Routing Identifier Codes (RIC) are located in record positions 67 through 69 of the DD Form 1348-1A, which accompanies, is attached to, or is within the shipment. RIC mailing address can be located at <https://www.transactionservices.dla.mil/daasing/default.asp> .

C. TYPE AND CAUSE CODES

The most current version of Shipment Type and Cause codes is available at the USTRANSCOM Reference Data Management System website at: <https://trdmws.maf.ustranscom.mil/>, then click on DTR Data and Shipment Type and Cause. Select Display Data from Action Legends box. They are accessible by all users, to include Department of Defense contractors and vendors through the Defense Transportation Electronic Business website at <http://www.transcom.mil/dteb/>, click on Reference Data.

D. MODE OF SHIPMENT CODES

The most current version of Transportation Mode codes is available at the USTRANSCOM Reference Data Management System website at: <https://trdmws.maf.ustranscom.mil/>, then click on DTR Data and Transportation Mode. Select Display Data from Action Legends box. They are accessible by all users, to include Department of Defense contractors and vendors through the Defense Transportation Electronic Business website at <http://www.transcom.mil/dteb/>, click on Reference Data.

The most current versions of SEAVAN Shipments codes are available at the Table Management Distribution System website at: <https://trdmws.maf.ustranscom.mil/>, then click on DTR Data and Type Pack Container Category. Select Display Data from Action Legends box (First Position) and <https://trdmws.maf.ustranscom.mil/>, then click on DTR Data and Non Conex Container Type Pack Load Code. Select Display Data from Action Legends box (Second Position). They are accessible by all users, to include Department of Defense contractors and vendors through the Defense Transportation Electronic Business website at <http://www.transcom.mil/dteb/>, click on Reference Data.

E. TYPE OF PACK

| <u>Code</u> | <u>Description</u> |
|-------------|--|
| BD | Bundle |
| BE | Bale |
| BG | Bag, burlap or cloth |
| BL | Barrel |
| BS | Basket |
| BX | Box |
| CA | Cabinet |
| CB | Carboy |
| CC | Household goods containers, wood (federal specification PPP-B-580) |
| CL | Coil |
| CM | Container, AMC-International Standards Organization, lightweight 8' x 8' x 20' air container |
| CN | Can |
| CO | Container, other than CU, CW, CC, MW, CR, MX |
| CR | Crate |

| <u>Code</u> | <u>Description</u> |
|-------------|--|
| CD | Case |
| CT | Carton |
| CU | Container, Navy cargo transporter |
| CW | Container, commercial highway lift |
| CY | Cylinder |
| DB | Duffel bag |
| DR | Drum |
| EC | Engine container |
| ED | Engine cradle or dolly |
| EN | Envelope (Note 1) |
| FK | Foot locker |
| HA | Hamper |
| KE | Keg |
| LS | Loose, not packaged |
| MW | Multi-wall container (formerly referred to as triple-wall or tri-wall secured or attached to a warehouse pallet) |
| MX | Mixed (more than one type of shipping container) |
| PC | Piece |
| PL | Pail |
| PT | Palletized unit load, other than code MW |
| RL | Reel |
| RO | Roll |
| RT | Roll On/Roll Off (RO/RO) |
| SA | Sack, paper |
| SB | Skid, box |
| SD | Skid |
| SH | Sheet |
| SL | Spool |
| SW | Suitcase |
| TB | Tub |
| TC | Tank car |
| TK | Trunk |
| TU | Tube |
| UX | Unitized (use code RT for unitized cargo on RO/RO) |

| <u>Code</u> | <u>Description</u> |
|-------------|--------------------------------|
| VC | Van chassis |
| VE | Vehicle |
| VO | Vehicle in operating condition |
| VS | SEAVAN |
| WR | Wrapped |

NOTE 1: The term “envelope” applies to shipments of material packaged in envelopes larger than a Military Shipping Label. The Military Shipping Label when applied to the envelope, all entries, including the bar codes, must be scannable/readable from a single surface.

| TRANSPORTATION DISCREPANCY REPORT (TDR) | | 1. DATE 7269 | 2. REPORT NUMBER SW3120-07-0034 | | OMB No. 0702-0124 OMB approval expires Feb 28, 2009 | | | | |
|---|---|--|---|---|---|--------------------------------------|-------------|--------------|--------------------------------|
| <p>The public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services Directorate (0702-0124). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.</p> <p>PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO: SDDC, ATTN: MTDC-OPCL, 661 SHEPPARD PLACE, FORT EUSTIS, VA 23604.</p> | | | | | | | | | |
| PART I | | | | | | | | | |
| <input type="checkbox"/> REQUEST FOR INFORMATION (RFI) | | <input checked="" type="checkbox"/> MISCELLANEOUS PROBLEMS | | | <input type="checkbox"/> ASTRAY FREIGHT | | | | |
| 3. TO Defense Distribution Region West Def Distribution Depot Red River Receiving Bldg 595, Texarkana TX 75507-5000 | | | 4. REPORTING ACTIVITY Def Dist Depot Anniston Transportation Officer, Bldg 362 Central Receiving, Anniston AL 36201-4199 | | | | | | |
| 5. CONSIGNOR (Origin) Defense Distribution Region West Def Distribution Depot Red River Receiving Bldg 595, Texarkana TX 75507 | | | 6. CONSIGNEE (Destination) Same as Block 4 | | | | | | |
| 7. SHIPPER Same as Block 5 | | | 8. CARRIER'S NAME (SCAC) Federal Express Corp | | | | | | |
| 9. CARRIER'S PRO/FREIGHT BILL NO. 708522949482 | | | 10. BILL OF LADING NO./TYPE TC W31G1Y70091065BBX | | | | | | |
| 11. MODE CODE I | 12. DATE CARRIER SIGNED FOR SHIPMENT 7011 | 13. DATE CONSIGNEE RECEIVED SHIPMENT 7120 | 14. DATE DISCREPANCY DISCOVERED 7120 | 15. DATE CARRIER NOTIFIED 7120 | 16. CARRIER REPRESENTATIVE CONTACTED TELEPHONE NO. | | | | |
| 17. SEAL NUMBERS AND CONDITION <input type="checkbox"/> INTACT <input type="checkbox"/> BROKEN/MISSING (Include details) | | | | | | | | | |
| TRANSPORTATION CONTROL NO. 18 | COMMODITY DESCRIPTION AND/OR NATIONAL STOCK NO. (NSN) 19 | TYPE OF PACK 20 | QUANTITY DIS-CREPANT (Pieces) 21 | TYPE AND CAUSE CODE 22 | ISSUE DATA | | | | VALUE OR COST OF REPAIRS 27 |
| | | | | | UNIT OF ISSUE 23 | UNITS BILLED/ SHIPPED 24 | UNITS 25 | WEIGHT 26 | |
| W31G1Y7009 1065BBX | 061300 Circuit Breakers or Switches, NOI, see Notes, items 61301, 61302 2590000830266 | BX | 10 | XX | EA | 10 | 10 | 45 | |
| 28. REMARKS (See preparation instructions of covering regulation for suggested information) Total non-receipt of shipment. | | | | | | | | | |
| 29a. NAME OF PREPARER (Type or print) Linda Brown | | | | 29b. EMAIL ADDRESS linda.b.brown@dla.mil | | | | | |
| 29c. TELEPHONE NO. (256) 235-7432 | | | 29d. FACSIMILE NUMBER (256) 235-7738 | | | | | | |
| 30. REPLY FEDEX is showing that the material was delivered to: 7 frankfork ave bldg 513, on Jan 12, 2007. It was signed for by some one with the following initials: W. Gibson. I will fax a copy of the proof of delivery. | | | | | | | | | |
| 31a. NAME OF RESPONDENT (Type or print) Charles Lowery | | | | | | 31b. TELEPHONE NO. (903) 334-4246 | | | |
| 31c. EMAIL ADDRESS charles.lowery@dla.mil | | | 31d. FACSIMILE NUMBER (903) 334-3620 | | | 31e. DATE 7269 | | | |

DD FORM 361, JUN 2006

REPLACES STANDARD FORM 361 (3-84) WHICH IS OBSOLETE.

Reset

Adobe Professional 7.0

Figure I-1. DD Form 361, Transportation Discrepancy Report

PART II - (FOR CLAIMS PURPOSES)

32. TO:

33. EXCEPTION NOTED ON CARRIER'S DELIVERY RECEIPT? (If "NO," explain in Remarks)

YES NO

34. INSPECTION DATA

CARRIER INSPECTED
(Report attached)

INSPECTION WAIVED
(Waiver attached)

ORAL WAIVER (Provide name,
title, and date in Remarks)

GOVERNMENT INSPECTED
(Report attached)

35. DISPOSITION DATA

REJECTED
(Receipt attached)

REPAIRED AT GOVERNMENT
EXPENSE (Bill attached)

OTHER (Explain in Remarks)

36. REMARKS (See preparation instructions of covering regulation for suggested information)

37. ATTACHMENTS

CY BOL

DD FORM 1348-1

CY CARRIER'S TENDER

CY DD FORM 250

CY CARRIER'S DELIVERY RECEIPT

ACTUAL REPAIR COST COMMODITY

PHOTOGRAPH

OTHER _____

CARRIER'S INSPECTION REPORT

OTHER _____

38. ACCOUNTING CLASSIFICATION

DD FORM 361 (BACK), JUN 2006

Reset

Figure I--1. DD Form 361, Transportation Discrepancy Report (Cont)

| MATERIAL INSPECTION AND RECEIVING REPORT | | | | | | Form Approved OMB No. 0704-0248 | | | |
|---|--------------------|--|--------------------------|--|---|------------------------------------|----------------|--|--|
| <p>The public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0248), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.</p> <p style="text-align: center;">PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ABOVE ADDRESS. SEND THIS FORM IN ACCORDANCE WITH THE INSTRUCTIONS CONTAINED IN THE DFARS, APPENDIX F-401.</p> | | | | | | | | | |
| 1. PROCUREMENT INSTRUMENT IDENTIFICATION (CONTRACT) NO. | | | ORDER NO. | | 6. INVOICE NO./DATE | | 7. PAGE OF | 8. ACCEPTANCE POINT | |
| 2. SHIPMENT NO. | | 3. DATE SHIPPED | 4. B/L TCN | | 5. DISCOUNT TERMS | | | | |
| 9. PRIME CONTRACTOR CODE | | | 10. ADMINISTERED BY CODE | | | | | | |
| 11. SHIPPED FROM (If other than 9) CODE | | | FOB: | | 12. PAYMENT WILL BE MADE BY CODE | | | | |
| 13. SHIPPED TO CODE | | | 14. MARKED FOR CODE | | | | | | |
| 15. ITEM NO. | 16. STOCK/PART NO. | 16. DESCRIPTION <i>(Indicate number of shipping containers - type of container - container number.)</i> | | | 17. QUANTITY SHIP/REC'D* | 18. UNIT | 19. UNIT PRICE | 20. AMOUNT | |
| | | | | | | | | | |
| 21. CONTRACT QUALITY ASSURANCE a. ORIGIN <input type="checkbox"/> CQA <input type="checkbox"/> ACCEPTANCE of listed items has been made by me or under my supervision and they conform to contract, except as noted herein or on supporting documents. DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE TYPED NAME: TITLE: MAILING ADDRESS: COMMERCIAL TELEPHONE NUMBER: | | | | | b. DESTINATION <input type="checkbox"/> CQA <input type="checkbox"/> ACCEPTANCE of listed items has been made by me or under my supervision and they conform to contract, except as noted herein or on supporting documents. DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE TYPED NAME: TITLE: MAILING ADDRESS: COMMERCIAL TELEPHONE NUMBER: | | | 22. RECEIVER'S USE Quantities shown in column 17 were received in apparent good condition except as noted. DATE RECEIVED _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE TYPED NAME: TITLE: MAILING ADDRESS: COMMERCIAL TELEPHONE NUMBER: <i>* If quantity received by the Government is the same as quantity shipped, indicate by (X) mark; if different, enter actual quantity received below quantity shipped and encircle.</i> | |
| 23. CONTRACTOR USE ONLY | | | | | | | | | |

DD FORM 250, AUG 2000

PREVIOUS EDITION IS OBSOLETE.

Figure I-2. DD Form 250, Material Inspection and Receiving Report

