INSTRUCTIONS

FOR ONE-WAY TRIPS:

Office of Origin — Complete Blocks 1-9, 14, and 30, and obtain signature of driver in Block 31. Retain Copy No. 4 for your files. Give other 3 copies to driver to accompany mail.

Office of Destination — Complete Blocks 10-13, 16-17, and 26. Retain Copy No. 3 for your files. Give Copy No. 2 to driver for contractor's records. Forward Copy No. 1 to Administrative Official, as shown.

FOR ROUND TRIPS:

Office of Origin — Complete Blocks 1-9, 14, and 30, and obtain signature of driver in Block 31. Retain Copy No. 4 for your files. Give other 3 copies to driver to accompany mail.

Office of Destination — Complete Blocks 10-13, 15-21, and 27. Retain Copy No. 3 for your files. Give Copies Nos. 1 and 2 to driver to accompany mail to office of origin.

Contract Route No. 2. Contractor							3. Extra Trips Authorized (Check one) ☐ One Way ☐ Round Trip					
							(miles)		_ miles)		
4. Point of Origin (City and S	State)		5. Date & Ti	me of Departure	6. Cont. o	or Pcs.	7. % Load	8. Trailer-Truck No.				
9. Destination (Outer termin	10. Date & T	ime of Arrival	11. Cont.	or Pcs.	12. % Load	13. Trailer-Truck No.						
	14. Outbound	d Trip No.					15. Inbound	Trip No.				
VIA	Arr.	Dept.	% Unloaded	% Loaded	VI	A	Arr.	Dept.	% Unloaded	% Loaded		
16. Destination (Outer terminal)			17. Date & Time of Departure 18. Cont. or Pcs.				19. % Load	Load 20. Trailer-Truck No.				
21. Point of Origin			22. Date & Time of Return 23. Cont. or Pcs.				24. % Load	ad 25. Trailer-Truck No.				
26. Name of Receiving Employee at Destination			27. Name of Dispatching Employee at Point of Destination (Return trip)				28. Name of Receiving Employee at Point of Origin (Return trip)					
29. Remarks												
30. Authorized By (Title and	Signature of	Postal Sup	ervisor)			31. Drive	r's Signature					
>												
PS Form 5397 , February 19	987	Iminietrati	ve Official (C	ity and State)						COPY 1		

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1. Contract Route No.	No. 2. Contractor						3. Extra Trips Authorized (Check one) ☐ One Way ☐ Round Trip				
					(miles) (miles						
4. Point of Origin (City and S		5. Date & Time of Departure 6			ont. or Pcs.	7. % Load	8. Trailer-Truck No.				
9. Destination (Outer terminal	10. Date & Time of Arrival			Cont. or Pcs.	12. % Load	13. Trailer-Truck No.					
	14. Outbound	d Trip No.					15. Inbound	Trip No.			
VIA	Arr. Dept.		% Unloaded	% Loaded		VIA	Arr.	Dept.	% Unloaded	% Loaded	
16. Destination (Outer terminal)			17. Date & Time of Departure 18. Cont. or Pcs				19. % Load	ad 20. Trailer-Truck No.			
21. Point of Origin			22. Date & Time of Return 23. Cont. or Pcs.				24. % Load	oad 25. Trailer-Truck No.			
26. Name of Receiving Employee at Destination			27. Name of Dispatching Employee at Point of Destination (Return trip)				28. Name of Receiving Employee at Point of Origin (Return trip)				
29. Remarks											
30. Authorized By (Title and	Signature of	Postal Sup	ervisor)			31. Drive	r's Signature				
											
PS Form 5397 , February 19	987	lminietrati	ve Official (C	ity and State)					CONTRACTO	OB - COPY 2	

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1. Contract Route No.	2. Contractor						3. Extra Trips Authorized (Check one) One Way Round Trip (miles) (miles)				
4. Point of Origin (City and State		5. Date & Time of Departure 6.			6. Cont. or Pcs.	7. % Load	8. Trailer-Truck No.				
9. Destination (Outer terminal)	10. Date & Time of Arrival			11. Cont. or Pcs.	12. % Load	13. Trailer-Truck No.					
14	Trip No.					15. Inbound Trip No.					
VIA	Arr. Dept.		% Unloaded	% Loaded		VIA	Arr.	Dept.	% Loaded		
16. Destination (Outer terminal)			17. Date & Time of Departure 18. Cont. or Pcs.				19. % Load	19. % Load 20. Trailer-Truck No.			
21. Point of Origin			22. Date & Time of Return 23. Cont. or Pcs.			23. Cont. or Pcs.	24. % Load 25. Trailer-Truck No.				
26. Name of Receiving Employee at Destination			27. Name of Dispatching Employee at Point of Destination (Return trip)				28. Name of Receiving Employee at Point of Origin (Return trip)				
29. Remarks											
30. Authorized By (<i>Title and Sig</i> PS Form 5397 , February 1987			ervisor)			31. Drive	er's Signature		CE DESTINATION		

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PS Form 5397 , February 1987	, Δd	minietrativ	ve Official (C	ity and State),	'		OI	FICE OF ORIC	SIN - COPY 4	
ov. Authorized by (Title and Sig	ynature of I	rusiai SUPi	ei visui)		31. Driv	rei s oignature				
30. Authorized By (Title and Signature)	gnature of	Pactal Sun	orvicor)		31 Driv	ver's Signature				
29. Remarks										
26. Name of Receiving Employee at Destination			27. Name of Destinat	28. Name o Origin (I	28. Name of Receiving Employee at Point of Origin (Return trip)					
21. Point of Origin			22. Date & Time of Return 23. Cont. or Pcs.			24. % Load 25. Trailer-Truck No.				
16. Destination (Outer terminal)			17. Date & T	ime of Departure	18. Cont. or Pcs.	19. % Load	d 20. Trailer-Truck No.			
VIA	Arr. Dept.		% Unloaded	% Loaded	VIA	Arr.	Dept. % Unload		d % Loaded	
14	. Outbound	I Trip No.				15. Inbound Trip No.				
9. Destination (Outer terminal)	10. Date & T	ime of Arrival	11. Cont. or Pcs.	12. % Load	13. Trailer-Truck No.					
4. Point of Origin (City and State	te)		5. Date & Tir	me of Departure	6. Cont. or Pcs.	7. % Load	8. Trailer-Truck No.			
						One Way Round Trip				
1. Contract Route No.	2. Contra	ctor				3. Extra Trips Authorized (Check one)				