SPAWARSYSCEN Form 4600/1 (Rev. 3/03)

# COMMERCIAL AIR SHIPMENT REQUEST

| 1. From (Code) | 2. POC (Name) | 3. Phone/Intercom | 4. Date |
|---|---|---|---|
| | | | |

**5. Commercial Air Express**
*(Select service requested)*

- ☐ Package
- ☐ Letter
- ☐ Other
- ☐ Overnight *(Delivery by 1030)*
- ☐ Two-Day *(Counter-to-Counter)*
- ☐ Same-Day

**6. Ship To**

(Point of contact)

(Activity name)

(Street/bldg. number)

(City, State)

(Zip code)

(Phone number)
(Not Autovon or DSN)

**7a. Justification for requesting express shipment (be specific)**

31 U.S.C. 1301 (a)
review conducted,

SSC Approval_____

**7b. This shipment is in support of the following Project/AIS (Ex: R-Supl, ATLASS, OIMA)**

_____

JON ☐

**7c. Required Delivery Date** ☐

Document Number (Code 00B1) ☐

**8. Approving Signature (Dept. Head/Division Head)**

| CODE | SIGNATURE | RANK/RATE/GRADE | DATE |
|---|---|---|---|
| | | | |

**FOR ADMINISTRATIVE USE ONLY**

**9. Review: Mail Room/Admin Dept. (0730-1600) Command Duty Officer (After Normal Working Hours)**

- ☐ Correct Address
- ☐ Required Delivery Date
- ☐ Justification
- ☐ Approving Signature
- ☐ Type of Service
- ☐ Approved

SIGNATURE DATE/TIME

**10. Commercial airbill number assigned**

Processing Clerk