CIB 89-29 “Use of Government Bill of Lading for Transportation of Personal Service Contractor (PSC) Household Effects, Unaccompanied Baggage, and Privately Owned Vehicles” is archived, effective June 15, 2016, because its requirements have been incorporated into ADS 309.
MEMORANDUM FOR ALL CONTRACTING OFFICERS AND NEGOTIATORS

TO: Distribution List FAC

FROM: DAA/MS, John F. Owens, Procurement Executive

SUBJECT: Use of Government Bill of Lading for Transportation of Personal Service Contractor (PSC) Household Effects, Unaccompanied Baggage, and Privately Owned Vehicles

This CIB supersedes CIB 83-8. It continues to provide procedures and documentation that will extend to PSCs the approximate convenience and benefits provided to direct-hire employees with regard to the shipment of their personal property to and from the cooperating country. The procedures are an alternative to the practice of providing PSCs with substantial cash advances, which incur implicit high interest costs, some financial risk, and the administrative cost of processing the advances through Financial Management and the Treasury.

The attached Contracting Officer Request provides instructions for both outbound and inbound shipments, and the included format is self-explanatory.
MEMORANDUM

TO: Traffic Manager, MS/MO/TTM
    Room 1247, N.S.

FROM: Contracting Officer,
      (Indicate A.I.D./Washington or Mission)

SUBJECT: Transportation of Personal and Household Effects of Personal Service Contractors (PSC)

I request packing, storage, and shipment of the personal and household effects of the following personal services contractor, in connection with an overseas assignment. All pertinent information is listed below:

1. Contractor (Traveller) Name and Address:
   Home Tel.: ------------------
   --------------------------
   Office Tel.: ---------------
   Departure Date: ---/---/----

2. Contract No: ------------ Contract Date: ---/---/----

3. Authorized Accompanying Dependent(s) and Date(s) of Birth:
   ----------------------------------------      -----/------/-------
   ----------------------------------------      -----/------/-------
   ----------------------------------------      -----/------/-------

4. Scheduled Packing Date: -----/------/-------

5. Packing Contractor (but must be AID/State contract packer if circumstances of para. (a) of Instructions apply) must be selected by the PSC; Name, Address, and Telephone No.:
   ____________________________________________
   ____________________________________________

6. Authorized point of Origin:
   Street: --------------------
   City: ---------------------
   State: -------------------- Zip ------
MEMORANDUM

TO: Traffic Manager, MS/MO/TTM
   Room 1247, N.S.

FROM: Contracting Officer,
       (Indicate A.I.D./Washington or Mission)

SUBJECT: Transportation of Personal and Household Effects of Personal Service Contractors (PSC)

I request packing, storage, and shipment of the personal and household effects of the following personal services contractor, in connection with an overseas assignment. All pertinent information is listed below:

1. Contractor (Traveller) 2. Contract No:  ------------
   Name and Address:  Contract Date:  ---/---/----
   Home Tel.: (  )----------
   ------------------------
   Office Tel.:(  )----------
   ------------------------

3. Authorized Accompanying Dependent(s) and Date(s) of Birth:
   ---------------------------------------------     ---/---/----
   ---------------------------------------------     ---/---/----
   ---------------------------------------------     ---/---/----
   ---------------------------------------------     ---/---/----

4. Scheduled Packing Date:  ---/---/----

5. Packing Contractor (but must be AID/State contract packer if circumstances of para. (a) of Instructions apply) must be selected by the PSC; Name, Address, and Telephone No.:
   -------------------------------------------------------------------------------------------------
   -------------------------------------------------------------------------------------------------

6. Authorized point of Origin:

   Street:  -----------------------------

   City:  -----------------------------

   State:  -----------------------------  Zip  ----------