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**Oak Ridge National Laboratory  
Transportation and Packaging Management  
Procedure**

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**Household Goods Movements  
TPM-TRF-03, Revision 3**

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**I. PURPOSE**

To provide direction for the process for inbound and outbound movements of ORNL employees' household goods.

**II. APPLIES TO**

This procedure applies to personnel in the Transportation and Packaging Management (TPM) Organization who process household goods shipments.

**III. OTHER DOCUMENTS NEEDED (in order of use)**

**R(1)**

- Electronic Mail from ORNL Relocation Office
- Household Goods Moving Request Worksheet (Exhibit A)
- Authorization to Move Household Goods (Exhibit B)
- General Instructions for Household Goods Shipment and Claim Handling (Exhibit C)
- Carrier Evaluation (Exhibit D)
- Cashier Departmental Transmittal and Log (Exhibit E)

**IV. RESPONSIBILITIES**

**A. Household Goods Moves**

**1. Transportation Operations**

NOTE: Subject Area: Staffing Management identifies reimbursable costs associated with relocation of eligible employees. **R(3)**

- a. Receives from the ORNL Relocation Office Coordinator electronic mail stating the necessary employee information to begin coordinating the move.

**NOTE:** The ORNL Relocation Assistance Office is responsible for furnishing the employee with a reimbursement guide outlining reimbursable expenses in connection with the movement of household goods moves.

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- b. Contacts employee for additional information to complete the Household Goods Moving Request Worksheet (Exhibit A). **R(1)**
- c. Provides the employee instructions relative to insurance requirements and filing claims against the carrier for damages, and verifies with the employee what the company will move and will not move. Also, explains that the maximum weight is 18,000 lb and any charges resulting in an overage of that amount, shall be billed to the employee by the carrier. **R(2)**
- d. Sends via fax or mail to the employee a copy of the following: (1) Authorization to Move Household Goods (Exhibit B); (2) General Instruction for Household Goods Shipments and Claim Handling (Exhibit C); and (3) Carrier Evaluation (Exhibit D).
- e. Maintains copies of all documents on file for subsequent invoice audits.

**B. Household Goods Carriers**

**1. Transportation Operations**

- a. Verbally notifies the employee that he/she is responsible for the move and any future contacts with the carrier once Transportation Operations has completed the contract with the household goods carrier, unless additional Transportation Operations' services are requested.
- b. Arranges the move with a qualified household goods carrier.
- c. Advises the carrier that the shipment is made on the basis of actual weight unless expedited service and/or special handling are specifically requested and authorized. Carrier must furnish certified weight tickets with digital readouts. Hand written weight tickets will not be accepted.
- d. Determines the equitable valuation of the employee's household goods, not to exceed the current procedure's maximum limits of 18,000 lb. **R(2)**  
  
**NOTE:** The employee is advised that liability insurance value is at the current rate of \$100,000 per contract. The employee may purchase additional insurance at his/her own expense. **R(3)**
- e. Prepares and submits to the carrier an Authorization to Move Household Goods form (Exhibit B). **R(1)**

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**C. Carrier Invoices**

**1. Transportation Operations**

**NOTE:** Household goods moving invoices shall be submitted to Accounts Payable as received unless special arrangements have been made with the Accounts Payable supervisor.

- a. Reviews the carrier invoice(s) for accuracy and enters the appropriate account number and other applicable/missing information.
- b. Contacts carrier regarding any discrepancies in the invoice and, if applicable, requests a correct invoice.
- c. Stamps and signs each copy of the invoice with the Certification of Delivery and Charges stamp certifying services were rendered as billed. Stamp reads: THIS IS TO CERTIFY THAT THE ABOVE CHARGES ARE CORRECT AND PAYMENT IS AUTHORIZED.
- d. Submits the approved original invoice(s) and the Household Goods Move Transmittal and Log (Exhibit E) to Accounts Payable and a copy of invoice(s) to the ORNL Assistance Relocation Office. **R(1)**

**D. Filing Claims for Loss and/or Damage of Household Goods**

**NOTE:** Transportation Operations may assist employees, when requested, in the filing of loss or damage claims with the household goods carrier resulting from authorized moves. Initial handling of these claims normally is processed jointly by the employee and the carrier upon completion of the move.

**NOTE:** All contacts for final settlement are directly between the carrier and the employee.

**V. RECORDS**

Records are generated and maintained in accordance with established company records management practices and approved records inventory and disposition schedules:

1. Transportation Operations maintains the following records for a period of three (3) years.
  - Authorization to Move Household Goods
  - Bill of Lading from the carrier or Accounts Payable
  - Carrier Invoices
  - Cashier Departmental Transmittal and Log
  - Household Goods Moving Request Worksheet

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**VI. REFERENCES**

1. Management System: Human Resources & Diversity Programs: Procedure:  
Reimbursement of Relocation Expenses **R(3)**

Prepared by: TPM Organization

Points of Contact: J. H. Shelton, 576-6401

Approved by: \_\_\_\_\_ [Signature on file] \_\_\_\_\_ Date: [1/23/2003] \_\_\_\_\_  
J. H. Shelton, Manager

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**Exhibit A**

**HOUSEHOLD GOODS MOVING REQUEST WORKSHEET**

DATE
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NAME	HOME PHONE NO.	WORK PHONE NO.
DIVISION	E-MAIL ADDRESS	CHARGE ACCOUNT NUMBER

ADDRESS FROM WHICH GOODS ARE TO BE MOVED – DIRECTIONS

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DESTINATION OF GOODS – DIRECTIONS

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STORAGE YES  NO

NUMBER OF ROOMS LR  DR  FR  BASEMENT  GARAGE  BRs

NUMBER OF MATTRESSES  SIZES TWIN  FULL  QUEEN  KING

<b>DOES THE ABOVE WEIGHT INCLUDE</b>	REFRIGERATOR <input type="checkbox"/> YES <input type="checkbox"/> NO	ELECTRIC STOVE <input type="checkbox"/> YES <input type="checkbox"/> NO	WASHER <input type="checkbox"/> YES <input type="checkbox"/> NO	FREEZER <input type="checkbox"/> YES <input type="checkbox"/> NO
	PIANO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> SPINET <input type="checkbox"/> GRAND <input type="checkbox"/> UPRIGHT			DRYER <input type="checkbox"/> YES <input type="checkbox"/> NO

OTHER PIECES REQUIRING SPECIAL HANDLING

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AMOUNT OF RISK INSURANCE NEEDED TO COVER SHIPMENT

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THESE GOODS SHOULD BE MOVED	BUT NOT AFTER
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NUMBER OF VEHICLES – MAKE, MODEL, AND YEAR

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COMMENTS

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SIGNATURE

# OAK RIDGE NATIONAL LABORATORY

MANAGED BY UT-BATTELLE FOR THE DEPARTMENT OF ENERGY

P.O. Box 2008, Bldg. 7001  
Oak Ridge, TN 37831-6288  
(865) 574-5722  
Fax: (865) 576-1979  
crosscwjr@ornl.gov

## Exhibit B AUTHORIZATION TO MOVE HOUSEHOLD GOODS

**Company Name:**

**Address:**

*This will confirm our conversation with:*

**on:**

*To pack and move furniture and/or personal property (means household goods or furnishings used in a dwelling when a part of the equipment or supply of such dwelling) of:*

**To:**

**From:**

**For arrangements at originating point, contact:** Shipper

**at:**

*This shipment to be moved on actual weight basis and consists of:*

**Rates to be applied are to be taken from tariff:** Contract #:

**Please apply all-risk trip transit insurance in the amount of:** per Contract

**We understand that you plan to load these goods on:**

**For Delivery Information:** Shipper

**At:** Above phone numbers

**Pays up to 18,000 lb, \$100,000 risk insurance, 60 days storage**

**Your invoice must be rendered in triplicate, listing the weight, mileage, rate, insurance and itemized packing charges. Attach the weight certificate, freight bill, Bill of Lading, and Insurance Certificate.**

**The supporting papers must have "a" or "the" signature of shipper or shipper's agent, and invoice must show time and date of loading and unloading.**

**It is the responsibility of the employee to arrange with the mover for acceptance of the goods upon arrival at destination.**

**Approved:** C. W. Cross, (865) 574-5722

**CC:**

# OAK RIDGE NATIONAL LABORATORY

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Fax: (865) 576-1979  
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## Exhibit C

### Return Address

Dear Mr. or Mrs.

### General Instructions for Household Goods Shipments and Claim Handling

*Although the carrier has no legal obligation to meet the specific moving dates which we have established, the instances are uncommon when there is not adherence to these dates. If any incident occurs in which negotiation with the carrier is necessary either before or after your move, please call us for assistance at (865) 574-5722.*

The carrier will perform a documented inventory at the time your goods are loaded at origin. This inventory will indicate a description and the exact condition of the items to be moved. It is your responsibility to review the inventory documents and resolve any differences with the driver at that time. It is also advisable to work closely with the packers as the inventory is being documented to ensure that your goods are listed correctly. Packers sometimes improperly code items damaged on the inventory sheet that are either not damaged or have minor scratches or blemishes. The moving company will only be responsible for the items he packs. Prepacked items will be noted on the inventory sheet as such and the carrier will not generally take responsibility for any damage that may occur. Please be sure that any prepacked items are well packed to your satisfaction. If damage occurs, you will not be able to file a claim against the carrier. In cases where you buy new furniture for shipment, you must inspect these items before tendering them to the household goods carrier. New furniture should be opened and inspected for damage. Again, the carrier will not pay claims involving prepacked goods. After you have inspected the condition of your goods, sign the driver's inventory report, and list any lost or damaged articles on the inventory form. The Bill of Lading should be signed and noted "subject to inspection for concealed damage." The driver should countersign both the inventory form and the bill of lading.

Moving Expense reimbursement will not be made for the following items:

- (1) Perishable food
- (2) Live plants
- (3) Flammable items (aerosol cans, paint, kerosene, etc.)
- (4) Combustible items
- (5) Livestock, horses, and animals other than household pets
- (6) Campers
- (7) Farm equipment
- (8) Airplanes
- (9) Boats that will not fit inside moving van
- (10) Firewood, lumber, and construction material
- (11) Ammunition, gunpowder, or anything explosive
- (12) Sporting goods or recreational equipment too large to fit in the moving van

Name of employee

Page 2

Date

- (13) Special handling fees charged by the mover for such items as rigging, dismantling, reassembling, and expediting service
- (14) Crating service or third-party billing
- (15) Overtime loading and unloading, i.e., Saturday and Sunday work
- (16) Extra pick up and delivery
- (17) Tips and gifts to moving company employees
- (18) Services performed by employee, dependents, or relatives
- (19) Goods carried by a nonlicensed carrier
- (20) Dismantling and disassembling
- (21) Attached items, i.e., TV antenna
- (22) Cost incurred for weight in excess of 18,000 lb

NOTE: Liability insurance value is at the current contract rate. The employee may purchase additional insurance at his/her own expense. Claims against the moving company must be handled by the employee.

### **Claim Handling**

In cases where concealed damage has occurred, please notify the carrier immediately. It is advisable to inspect all goods as soon as possible to ensure that a claim can be filed. If a claim exists, notify the carrier and request an inspection of the damaged material. Also, request that the carrier send you a claim form. Please complete the form and return it to the carrier's claim office indicated on the form. Carriers generally respond to claims within 30-60 days.

It is the employee's responsibility to deal with the carrier at origin and destination. If you properly handle all requirements, the claims process should go very well. If you fail to complete the above requirements, the carrier may decline to pay your claim.

If you have questions, or if problems develop, please call (865) 574-5722 (C. W. Cross) or fax information to (865) 576-1979.

Please complete the attached carrier evaluation form and send it to the address on the form.

Sincerely,

C. W. Cross, Jr.  
Transportation Specialist

**Exhibit D**  
***Carrier Evaluation Form***

When your household move is completed, please complete the following evaluation to aid us in our carrier evaluation program. Please sign and submit this information as soon after delivery as possible to the following address. If you choose, you may fax it to (865) 574-1979.

Oak Ridge National Laboratory  
Attention: Transportation Department  
PO Box 2008, Mail Stop 6288  
Oak Ridge, Tennessee 37831

Employee Name
How would you rate the move? <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Did carrier send a representative to discuss your move? <input type="checkbox"/> Yes <input type="checkbox"/> No
Was packing satisfactory? <input type="checkbox"/> Yes <input type="checkbox"/> No
Was unpacking satisfactory? <input type="checkbox"/> Yes <input type="checkbox"/> No
Did van crew present a creditable appearance at origin? <input type="checkbox"/> Yes <input type="checkbox"/> No
At destination? <input type="checkbox"/> Yes <input type="checkbox"/> No
Were you pleased with the overall services rendered? <input type="checkbox"/> Yes <input type="checkbox"/> No
Packed by (name of agent)
Unpacked by (name of agent)
Do you have any comments or suggestions that might improve services?
NOTE: If the answer to any of the above questions is "no," please explain on the reverse side.
Signature

