

Military Cargo Manifest Submission Form

Manifest Number

Date

Time

Point of Origin

Destination

Unit/Organization

Prepared By

Contact Information

Cargo Details

Item No.	Description	Quantity	Weight	Dimensions	Hazardous	Remarks
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Additional Information

Signature

Date