

STATEMENT OF ACCESSORIAL SERVICES PERFORMED

OMB No. 0702-0022
OMB approval expires
May 31, 2011

This form is required only when accessorial services are chargeable to the Government. Carrier will enter complete information or "None" in columns. "Unit Price" and "Charge" columns may be omitted when charges are itemized on the Standard Form 1113.

The public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 1155 Defense Pentagon, Washington, DC 20301-1155 (0702-0022). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ABOVE ORGANIZATION.

1. GOVERNMENT BILL OF LADING NUMBER		2. DATE OF PICKUP AT ORIGIN (YYYYMMDD)		16. ACCESSORIAL SERVICES			
3.a. NAME OF OWNER (Last, First, Middle Initial)				PACKING, PACK MATERIALS AND UNPACKING (1)	NUMBER (2)	UNIT PRICE (3)	CHARGE (4)
				a. DISH PACK			
b. SSN		c. RANK OR GRADE		b. CARTONS (Less than 3 cubic feet)			
4. ORIGIN OF SHIPMENT				5. DESTINATION OF SHIPMENT			
6.a. ORDERING ACTIVITY/INSTALLATION NAME		b. LOCATION		c. CARTONS (3 cubic feet)			
7.a. NAME OF CARRIER		b. NAME OF AGENT (Last, First, Middle Initial)		d. CARTONS (4-1/2 cubic feet)			
8. SIGNATURE OF CARRIER'S REPRESENTATIVE		9. DATE (YYYYMMDD)		e. CARTONS (8 cubic feet)			
				f. CARTONS (8-1/2 cubic feet)			
10. CARRIER'S SHIPMENT REFERENCE NO.		11. AGENT OR DRIVER CODE		g. WARDROBE (Not less than 10 cubic feet)			
12. PROFESSIONAL BOOKS, PAPERS AND EQUIPMENT (PBP&E) INCLUDED IN SHIPMENT (If not included, write "None".)		LBS.		h. MATTRESS, CRIB			
				i. MATTRESS (Not exceeding 39" x 75")			
13. STORAGE-IN-TRANSIT (SIT)		a. STORED AT (1) CITY (2) STATE		j. MATTRESS (Not exceeding 54" x 75")			
				k. MATTRESS (39" x 80")			
DATES (YYYYMMDD):		b. SIT SERVICES PROVIDED AT (X one) ORIGIN DESTINATION OTHER		l. MATTRESS (Exceeding 54" x 75")			
				m. TOTAL			
c. IN	d. ORDERED OUT	e. DELIVERED OUT	f. NUMBER OF DAYS	n. TOTAL SUBJECT MAX-PAK \$ /cwt)			
h. REQUESTED DELIVERY DATE (YYYYMMDD)		i. SHIPMENT ORDERED INTO AND OUT OF SIT ON DATES INDICATED AND AUTHORIZED BY SIT CONTROL NO.		o. GRANDFATHER CLOCK CARTONS			
j. WAS STORAGE POINT FOR CARRIER'S CONVENIENCE (X one)		YES	NO	p. CORRUGATED CONTAINERS (Special constr.)			
14. REWEIGH CERTIFICATION (If applicable)		a. NUMBER		q. BOXES - WOODEN/CRATES (Not over 5 cu.ft.)			
b. ORIGINAL GROSS		c. REWEIGH GROSS		r. BOXES (Over 5 cu.ft./not over 8 cu.ft.)			
d. ORIGINAL TARE		e. REWEIGH TARE		s. BOXES (Over 8 cu.ft.) (Gross cu.ft.:)			
f. ORIGINAL NET		g. REWEIGH NET		t. CRATES (Cubic feet:) (Minimum charge:)			
15. APPLIANCES SERVICED (Owner/Agent must initial each entry separately.)				u. CARTONS, DOUBLE WALL (PPP-B-1364) & TRIPLE WALL (PPP-B-640) (Not over 4 cu.ft.)			
TYPE a.	MAKE/MODEL NO./MANUFACTURER b.	OWNER/AGENT INITIALS c.		v. CARTONS (Over 4 cu.ft./less than 7 cu.ft.)			
				w. CARTONS (7 cu.ft./less than 15 cu.ft.)			
				x. TOTAL PACKING CHARGE			
				y. LABOR (Describe service in "Remarks") (Enter number of man-hours)			
				z. (X as applicable) EXTRA DELIVERY			
				EXTRA PICKUP AUXILIARY SERVICES			
				aa. PIANO/ORGAN CARRY SERVICE			
				bb. ELEVATOR/STAIR/EXCESS DISTANCE			
				cc. SERVICING APPLIANCES/OTHER ARTICLES (As itemized and initialed in Item 15)			
				dd. OTHER (Describe in "Remarks")			
				ee. TOTAL ACCESSORIAL SERVICE CHARGES			
17. REMARKS							
18. STATEMENT OF OWNER, MILITARY INSPECTOR/TRANSPORTATION OFFICER							
a. MATERIALS WERE FURNISHED/ACCESSORIAL SERVICES WERE PERFORMED				b. SIGNATURE (Do not sign until Carrier has completed column 16(2).)		c. DATE SIGNED (YYYYMMDD)	
<input type="checkbox"/> AT ORIGIN		<input type="checkbox"/> OTHER (Explain)					
<input type="checkbox"/> AT DESTINATION							
19. TRANSPORTATION OFFICER CERTIFICATION. I CERTIFY THAT SHIPMENT SERVICES WERE ACCOMPLISHED AS SHOWN BELOW.							
a. SERVICES ACCOMPLISHED (X as applicable)		(3) REWEIGH CERTIFICATION		(6) WAITING TIME		(9) OTHER (Specify)	
<input type="checkbox"/> (1) ACCESSORIAL SERVICES (Listed in Item 16)		<input type="checkbox"/> (4) THIRD PARTY SERVICES		<input type="checkbox"/> (7) UNPACKING SERVICE (Baggage only)			
<input type="checkbox"/> (2) STORAGE-IN-TRANSIT		<input type="checkbox"/> (5) BULKY ARTICLE CHARGE		<input type="checkbox"/> (8) OVERTIME LOADING/UNLOADING CHARGE			
b. SIGNATURE OF TRANSPORTATION OFFICER				c. TITLE (Print or type)		d. DATE SIGNED (YYYYMMDD)	