

Statement of Accessorial
Services Performed

CARRIER

Shipper _____ Registration # _____ Q.A. Rep _____

SERVICES AT ORIGIN	SHIPPERS INITIALS	SERVICES AT DESTINATION	SHIPPERS INITIALS
Extra Pickup: Weight _____ Address: _____ City: _____ State: _____		Extra Delivery: Weight _____ Address: _____ City: _____ State: _____	
Extra Labor: Overtime: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ men _____ hrs = _____ Total man hrs Reason (detailed): _____		Extra Labor: Overtime: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ men _____ hrs = _____ Total man hrs Reason (detailed): _____	
Long Carry: Weight _____ <input type="checkbox"/> Partial Distance vehicle to entrance _____ ft Distance entrance to apt/office _____ ft		Long Carry: Weight _____ <input type="checkbox"/> Partial Distance vehicle to entrance _____ ft Distance entrance to apt/office _____ ft	
Stair Carry: Weight _____ <input type="checkbox"/> Partial Single family dwelling? <input type="checkbox"/> Yes <input type="checkbox"/> No Number of inside flights / complete floors _____ Number of outside steps _____ Piano Only? <input type="checkbox"/> Yes <input type="checkbox"/> No		Stair Carry: Weight _____ <input type="checkbox"/> Partial Single family dwelling? <input type="checkbox"/> Yes <input type="checkbox"/> No Number of inside flights / complete floors _____ Number of outside steps _____ Piano Only? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Elevator: Weight _____ <input type="checkbox"/> Partial		Elevator: Weight _____ <input type="checkbox"/> Partial	
Piano: Type _____		Piano: Type _____	
Automobile: Weight _____ Year _____ Make/Model _____		Automobile: Weight _____ Year _____ Make/Model _____	
Bulky Article: Check appropriate item(s) <input type="checkbox"/> Riding Mower <input type="checkbox"/> Grandfather Clock <input type="checkbox"/> Motorcycle <input type="checkbox"/> Hot Tub/Spa <input type="checkbox"/> Boat _____ ft <input type="checkbox"/> Canoe _____ ft <input type="checkbox"/> Boat Trailer _____ ft <input type="checkbox"/> Other _____ <input type="checkbox"/> Pop Up Camper / Utility Trailer _____ ft		Bulky Article: Check appropriate item(s) <input type="checkbox"/> Riding Mower <input type="checkbox"/> Grandfather Clock <input type="checkbox"/> Motorcycle <input type="checkbox"/> Hot Tub/Spa <input type="checkbox"/> Boat _____ ft <input type="checkbox"/> Canoe _____ ft <input type="checkbox"/> Boat Trailer _____ ft <input type="checkbox"/> Other _____ <input type="checkbox"/> Pop Up Camper / Utility Trailer _____ ft	
Appliance Service: <input type="checkbox"/> Agent <input type="checkbox"/> Driver <input type="checkbox"/> Other List appliances serviced: _____		Appliance Re-Service: <input type="checkbox"/> Agent <input type="checkbox"/> Driver <input type="checkbox"/> Other List appliances serviced: _____	
Waiting Time: Date(s) _____ Time Arrived: _____ Time Loading Began _____ Reason: _____		Waiting Time: Date(s) _____ Time Arrived: _____ Time Loading Began _____ Reason: _____	
Shuttle Service: Weight _____ <input type="checkbox"/> Partial Start Time _____ Finish Time _____ _____ men _____ hrs = _____ Total man hrs Reason: _____		Shuttle Service: Weight _____ <input type="checkbox"/> Partial Start Time _____ Finish Time _____ _____ men _____ hrs = _____ Total man hrs Reason: _____	
Shuttle Service: Weight _____ <input type="checkbox"/> Partial Start Time _____ Finish time _____ _____ men _____ hrs = _____ Total man hrs Reason: _____		Shuttle Service: Weight _____ <input type="checkbox"/> Partial Start Time _____ Finish time _____ _____ men _____ hrs = _____ Total man hrs Reason: _____	
Other Items: _____		Other Items: _____	
Services Authorized By: _____		Services Authorized By: _____	

	CONTAINERS			PACKING			UNPACKING		
	NUMBER	PER EACH	TOTAL	NUMBER	PER EACH	TOTAL	NUMBER	PER EACH	TOTAL
Drum, Dish-pack (not less than 5 cu.ft.)									
Carton less than 3 cu. ft.									
Carton 3 cu. ft.									
Carton 4.5 cu. ft.									
Carton 6 cu. ft.									
Carton 6.5 cu. ft.									
Wardrobe ctn. (not less than 10 cu. ft.)									
Mattress ctn. - Crib									
Mattress ctn. - Twin <39" x 75"									
Mattress ctn. - Double <54" x 75"									
Mattress ctn. - King/Queen >54" x 75"									
Mattress ctn. - Long 39" x 80"									
Corrugated / Mirror / Picture ctn.									
Crates / wooden per cu. ft.									
Crates / wooden min. charge									
Crate Dimensions									
	Totals			Totals			Totals		

OS WRAPPING: # _____ SOFA / # _____ CHAIRS / # _____ LOVESEATS / # _____ OTTOMANS _____

Accessorial services performed require the assessment of additional charges. Your signature certifies actual services rendered.					
ORIGIN	SIGNATURE	DATE	DESTINATION	SIGNATURE	DATE
Shipper:			Shipper:		
Agent:			Agent:		
Driver:			Driver:		