

# STATEMENT OF ACCESSORIAL SERVICES PERFORMED

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.

Form Approved  
OMB No. 0704-0022  
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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 Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0022), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. 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 FORM TO THE ABOVE ADDRESS.

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)		b. SSN		c. RANK OR GRADE		PACKING, PACK MATERIALS AND UNPACKING (1)	NUMBER (2)	UNIT PRICE (3)	CHARGE (4)
4. ORIGIN OF SHIPMENT		5. DESTINATION OF SHIPMENT		6.a. ORDERING ACTIVITY/INSTALLATION NAME		b. LOCATION	a. DISH PACK		
7.a. NAME OF CARRIER		b. NAME OF AGENT (Last, First, Middle Initial)		8. SIGNATURE OF CARRIER'S REPRESENTATIVE		9. DATE (YYYYMMDD)	b. CARTONS (Less than 3 cubic feet)		
10. CARRIER'S SHIPMENT REFERENCE NO.		11. AGENT OR DRIVER CODE		12. PROFESSIONAL BOOKS, PAPERS AND EQUIPMENT (PBP&E) INCLUDED IN SHIPMENT (If not included, write "None".)		LBS.	c. CARTONS (3 cubic feet)		
13. STORAGE-IN-TRANSIT (SIT)		a. STORED AT (1) CITY (2) STATE		b. SIT SERVICES PROVIDED AT (X one)			d. CARTONS (4-1/2 cubic feet)		
DATES (YYYYMMDD):		c. IN		d. ORDERED OUT	e. DELIVERED OUT	f. NUMBER OF DAYS	e. CARTONS (8 cubic feet)		
h. REQUESTED DELIVERY DATE (YYYYMMDD)		i. SHIPMENT ORDERED INTO AND OUT OF SIT ON DATES INDICATED AND AUTHORIZED BY SIT CONTROL NO.		j. WAS STORAGE POINT FOR CARRIER'S CONVENIENCE (X one)		YES	f. CARTONS (8-1/2 cubic feet)		
14. REWEIGH CERTIFICATION (If applicable)		a. NUMBER		b. ORIGINAL GROSS		c. REWEIGH GROSS	g. WARDROBE (Not less than 10 cubic feet)		
d. ORIGINAL TARE		e. REWEIGH TARE		f. ORIGINAL NET		g. REWEIGH NET	h. MATTRESS, CRIB		
15. APPLIANCES SERVICED (Owner/Agent must initial each entry separately.)		TYPE		MAKE/MODEL NO./MANUFACTURER		OWNER/AGENT INITIALS	i. MATTRESS (Not exceeding 39" x 75")		
a.		b.		c.			j. MATTRESS (Not exceeding 54" x 75")		
							k. MATTRESS (39" x 80")		
							l. MATTRESS (Exceeding 54" x 75")		
							m. TOTAL		
							n. TOTAL SUBJECT MAX-PAK \$ /cwt		
							o. GRANDFATHER CLOCK CARTONS		
							p. CORRUGATED CONTAINERS (Special constr.)		
							q. BOXES - WOODEN/CRATES (Not over 5 cu.ft.)		
							r. BOXES (Over 5 cu.ft./not over 8 cu.ft.)		
							s. BOXES (Over 8 cu.ft.) (Gross cu.ft.):		
							t. CRATES (Cubic feet: (Minimum charge:)		
							u. CARTONS, DOUBLE WALL (PPP-B-1364) & TRIPLE WALL (PPP-B-640) (Not over 4 cu.ft.)		
							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 CHARGE		
							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)		
AT ORIGIN									
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)
(1) ACCESSORIAL SERVICES (Listed in Item 16)			(4) THIRD PARTY SERVICES			(7) UNPACKING SERVICE (Baggage only)			
(2) STORAGE-IN-TRANSIT			(5) BULKY ARTICLE CHARGE			(8) OVERTIME LOADING/UNLOADING CHARGE			
b. SIGNATURE OF TRANSPORTATION OFFICER				c. TITLE (Print or type)				d. DATE SIGNED (YYYYMMDD)	