

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