



DEPARTMENT OF THE AIR FORCE
JOINT PERSONAL PROPERTY SHIPPING OFFICE - COLORADO SPRINGS (DOD)
121 SOUTH TEJON ST, SUITE 800
COLORADO SPRINGS CO 80903

17 Feb 04

MEMORANDUM FOR CARRIERS

FROM: JPPSO-COS/Director

SUBJECT: Statement of Accessorial Services Performed (DD Form 619/619-1)

1. We recently received your feedback regarding the extended time your DD 619/619-1s were being processed. We value your input and immediately made some significant changes in the JPPSO structural alignment and operational processes. We are confident that you should experience positive results from these changes.
2. After careful review of the DD 619/619-1s we noted many of the forms are not completed in accordance with the DTR (DoD 4500.9R, Part IV, para 405 F). Please review this regulation carefully to ensure your forms are properly completed. Incomplete forms not in accordance with the regulations may be returned (see attach deficiency letter).
3. In addition, we would like to make several recommendations that will further guarantee an expedited payment process: (See attach samples)
 - a. Submit a legible original and copy of the form.
 - b. Add the agent code to block 7b. If you don't know your agents code use the JPPSO-COS web-site at <https://www.jppso-cos.af.mil> then hit "Carrier Access" button and then open "Agency List."
 - c. Type "Andrew P. Wilhelm" in the 'Signature of Transportation Officer' (blocks 13h and 14f(1)).
 - d. Attach the Quality Control authorization approval letter for TMO required authorizations of accessorial service (i.e., third party services, shuttle, etc.)
 - e. Provide a copy of the inventory page for motorcycles, grandfather clocks and big screen TVs.
 - f. For waiting time certifications, please add the name of the person who approved the waiting time.
 - g. When mailing DD Forms 619/619-1s to the JPPSO, do not staple them to other correspondence in the envelope, they may get missed.

- h. Provide a self-addressed envelope for return of your paperwork.
- i. Address the envelope with DD Forms 619/619-1s for certification to 'JPPSO-COS Documentation Section.'
- j. Reweighs – identify shipper's name, GBL number and most importantly member's Social Security Number on the weight tickets
- k. Complete all the appropriate blocks for weights/reweighs (gross, tare, net etc).
- l. For partial deliveries the agent/carrier must generate the second DD Form 619/619-1 to complete payment for the final delivery.

4. JPPSO will generate a DD Form 619-1 for SIT immediately upon an agreed scheduled delivery date. The DD Form 619-1 will be signed for payment. You may submit this DD Form 619-1 to your carrier for payment--it does not have to be mailed to the JPPSO. Additionally, do not request JPPSO-COS signature for packing, unpacking, appliance service, piano carry, stair carry and elevator carry, the member's signature certifies these services.

5. Your cooperation will improve and expedite this process. We solicit your feedback and recommendations; my point of contact is MSgt Diane Stitt at (719) 554-9259.


ANDREW P. WILHELM, Lt Col, USAF
Director, JPPSO-COS

Atchs:

- 1. Sample 619/619-1
- 2. Deficiency Form Letter

**STATEMENT OF ACCESSORIAL SERVICES PERFORMED
(STORAGE-IN-TRANSIT DELIVERY AND REWEIGH)**

Form Approved
OMB No. 0704-0022
Expires Oct 31, 2001

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.

DISTRIBUTION: 1. ORIGINAL COPY TO CARRIER.
2. COPY TO PROPERTY OWNER.
3. ADDITIONAL COPIES MAY BE MADE FOR CARRIER'S USE.

| | | | |
|---|---|---|---|
| 1. GOVERNMENT BILL OF LADING NUMBER ZY-176797 | 2. DATE OF PICKUP AT ORIGIN (YYYYMMDD) 03-30-04 | 13. STORAGE-IN-TRANSIT (SIT) a. STORED AT (City and State) COLO SPGS, CO XXX | b. SIT SERVICES WERE PROVIDED AT (X as applicable) DESTINATION <input type="checkbox"/> OTHER <input type="checkbox"/> |
|---|---|---|---|

| | | | | | |
|--|------------------------------------|--|---|--------------------------------|------------------------------|
| 3.a. NAME OF OWNER (Last, First, Middle Initial) NEWSOME, NORMAN D | | c. DATE IN (YYYYMMDD) 04-06-04 | d. DATE OUT (YYYYMMDD) 04-15-04 | e. NUMBER OF DAYS 10 | f. NET WEIGHT 4300 |
| b. SSN 356-74-9103 | c. RANK OR GRADE A1C E-3 | g. THIS SHIPMENT WAS ORDERED INTO AND OUT OF SIT ON DATES INDICATED HEREON AND AUTHORIZED BY SIT CONTROL NUMBER: 4097059 | | | |

| | | | | | |
|--|--|---|--|--|--|
| 4. ORIGIN OF SHIPMENT BARTLETT, IL | 5. DESTINATION OF SHIPMENT COLO SPGS, CO | SIT IN EXCESS OF 90 DAYS WAS AUTHORIZED (X) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| 6.a. ORDERING ACTIVITY/INSTALLATION NAME JPPSO | b. LOCATION COLO SPGS, CO | h. SIGNATURE OF TRANSPORTATION OFFICER ANDREW P. WITHELM, Lt Col, USAF Director | | | |

| | | |
|---|--|---|
| 7.a. NAME OF CARRIER ALLIED CONT FRWD | b. NAME OF AGENT (Last, First, Middle Initial) BAILEYS M & S | i. DATE (YYYYMMDD) 26 APR 04 |
| 8. SIGNATURE OF CARRIER'S REPRESENTATIVE <i>Sue Steenley</i> | 9. DATE (YYYYMMDD) 4-15-04 | 14. REWEIGH CERTIFICATION REWEIGH # F-1029 |

| | | | |
|---|--|-----------------------------|-------------------------------|
| 10. CARRIER'S SHIPMENT REFERENCE NO. 941733 | 11. AGENT OR DRIVER CODE 01161 | a. ORIGINAL GROSS | b. REWEIGH GROSS 33440 |
| 12. REMARKS | | c. ORIGINAL TARE | d. REWEIGH TARE 29160 |
| | | d. ORIGINAL NET 4300 | e. REWEIGH NET 4280 |

| | |
|---|---|
| f. THIS SHIPMENT WAS ORDERED FOR REWEIGH AND SERVICES WERE ACCOMPLISHED AS SHOWN ABOVE. | |
| (1) SIGNATURE OF TRANSPORTATION OFFICER ANDREW P. WITHELM, Lt Col, USAF Director | (2) DATE (YYYYMMDD) 26 APR 04 |

| 15. ADDITIONAL SERVICES | (1) NUMBER | (2) UNIT PRICE | (3) CHARGE |
|---|------------|----------------|------------|
| a. LABOR - NUMBER OF MAN-HOURS (Describe services in "Remarks") | NONE | NONE | NONE |
| b. PIANO/ORGAN OR EXCESS CARRY SERVICES | NONE | NONE | NONE |
| c. OTHER (Describe in "Remarks") | REWEIGH 1 | 50.00 | 50.00 |

16. CONSIGNEE'S STATEMENT OF DELIVERY AND LOSS OR DAMAGE
Notice is hereby given to the carrier to whom this statement of accessorial services performed is surrendered that the shipment was received in condition as shown below and that claim, if any, will be made for the value of such loss and/or damage as indicated.

| a. DESCRIPTION OF LOSS OR DAMAGE | b. ACTUAL OR ESTIMATED WEIGHT |
|----------------------------------|-------------------------------|
| | |
| | |
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| | |

| | | |
|--|----------------------|--------------|
| 17. WAIVER Unpacking and removal of packing material, boxes/cartons, and other debris is hereby waived. | a. INVENTORY NUMBERS | b. SIGNATURE |
|--|----------------------|--------------|

| | | | |
|---|--|---|--|
| 18. CERTIFICATION. I have received the property described on this form: | | | |
| a. FROM (Name of Transportation Company) BAILEYS MOVING/STORAGE | b. AT (Actual Point of Delivery) CO 80840 6752-I E. BLUEBELL DR, USAF ACAD, | in apparent good order and condition except as noted above. | |
| c. SIGNATURE OF CONSIGNEE OR AUTHORIZED AGENT <i>[Signature]</i> | | d. DATE OF DELIVERY (YYYYMMDD) 4/15/04 | |

1. ORIGINAL BILLING COPY TO SUPPORT PUBLIC VOUCHER FOR PAYMENT

STATEMENT OF ACCESSORIAL SERVICES PERFORMED

Form Approved
OMB No. 0704-0022
Expires Oct 31, 2001

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 of 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 ZY-705205 | | 2. DATE OF PICKUP AT ORIGIN (YYYYMMDD) 16-MAR-04 | | 16. ACCESSORIAL SERVICES | | | | | | | | | | |
| 3.a. NAME OF OWNER (Last, First, Middle Initial) Reynolds, Brandon | | | | PACKING, PACK MATERIALS AND UNPACKING (1) | | NUMBER (2) | UNIT PRICE (3) | CHARGE (4) | | | | | | |
| b. SSN 570-63-9578 | | c. RANK OR GRADE E5 | | a. DISH PACK | | 7 | 29.41 | 207.27 | | | | | | |
| 4. ORIGIN OF SHIPMENT Chandler, AZ | | 5. DESTINATION OF SHIPMENT LeMoore, CA | | b. CARTONS (Less than 3 cubic feet) 1.5 | | 6 | 7.00 | 42.00 | | | | | | |
| 6.a. ORDERING ACTIVITY/INSTALLATION NAME JPPSO-COS | | b. LOCATION Colorado Springs, CO | | c. CARTONS (3 cubic feet) | | 11 | 10.50 | 115.50 | | | | | | |
| 7.a. NAME OF CARRIER Classic | | b. NAME OF AGENT (Last, First, Middle Initial) Daniels | | d. CARTONS (4-1/2 cubic feet) | | 6 | 12.95 | 77.70 | | | | | | |
| 8. SIGNATURE OF CARRIER'S REPRESENTATIVE <i>Eddie Amavis</i> | | 9. DATE (YYYYMMDD) 3/16/04 | | e. CARTONS (6 cubic feet) | | 2 | 14.77 | 29.54 | | | | | | |
| 10. CARRIER'S SHIPMENT REFERENCE NO. | | 11. AGENT OR DRIVER CODE DNLG | | f. CARTONS (8 1/2 cubic feet) | | 1 | 16.73 | 16.73 | | | | | | |
| 12. PROFESSIONAL BOOKS, PAPERS AND EQUIPMENT (PBP&E) INCLUDED IN SHIPMENT (If not included, write "None"). | | LBS. NONE | | g. WARDROBE (Not less than 10 cubic feet) | | 4 | 13.93 | 55.72 | | | | | | |
| 13. STORAGE-IN-TRANSIT (SIT) | | a. STORED AT (1) CITY (2) STATE | | b. SIT SERVICES PROVIDED AT (X ONE) ORIGIN DESTINATION OTHER | | i. MATTRESS (Not exceeding 39" x 75") 3/3 | | 2 | 11.20 | 22.40 | | | | |
| DATES (YYYYMMDD): | | c. IN | | d. ORDERED OUT | | e. DELIVERED OUT | | j. MATTRESS (Not exceeding 54" x 75") 4/6 | | NONE | NONE | NONE | | |
| h. REQUESTED DELIVERY DATE (YYYYMMDD) | | i. SHIPMENT ORDERED INTO AND OUT OF SIT ON DATES INDICATED AND AUTHORIZED BY SIT CONTROL NO. | | f. NUMBER OF DAYS | | g. NET WEIGHT | | k. MATTRESS (39" x 80") split HQ | | 4 | 20.30 | 40.60 | | |
| j. WAS STORAGE POINT FOR CARRIER'S CONVENIENCE (x one) | | YES | | NO | | l. MATTRESS (Exceeding 54" x 75") K/O | | NONE | NONE | NONE | NONE | | | |
| 14. REWEIGH CERTIFICATION (If applicable) | | a. NUMBER | | b. ORIGINAL GROSS | | c. REWEIGH GROSS | | m. TOTAL | | 614.98 | | | | |
| d. ORIGINAL TARE | | e. REWEIGH TARE | | f. ORIGINAL NET | | g. REWEIGH NET | | n. TOTAL SUBJECT MAX-PAK \$ /cwt | | DOES NOT APPLY | | | | |
| 15. APPLIANCES SERVICED (Owner/Agent must initial each entry separately.) | | TYPE a. | | MAKE/MODEL NO./MANUFACTURER b. | | OWNER/AGENT INITIALS c. | | o. GRANDFATHER CLOCK CARTONS | | NONE | | | | |
| | | NONE | | | | | | p. CORRUGATED CONTAINERS (Special constr.) mirrors | | 29 | | 24.50 | 220.50 | |
| | | | | | | | | 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 | | | | | 835.45 | |
| | | | | | | | | y. LABOR (Describe service in "Remarks") (Enter number of man-hours) | | | | 5 | 26.42 | 132.10 |
| | | | | | | | | z. (X as applicable) EXTRA DELIVERY | | | | 2.5 | 30.10 | 75.25 |
| | | | | | | | | EXTRA PICKUP | | | | | | |
| | | | | | | | | 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 | | | | | 207.35 | |
| 17. REMARKS Aux serv: 2 MEN & 1 TRUCK 2.5 hours | | | | | | | | | | | | | | |
| 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 checked="" type="checkbox"/> AT ORIGIN | | <input checked="" type="checkbox"/> OTHER (Explain) shuttle | | <i>[Signature]</i> | | | | 20040316 | | | | | | |
| <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"/> | | | <input type="checkbox"/> | | | <input checked="" type="checkbox"/> SHUTTLE | | | | | |
| <input type="checkbox"/> (2) STORAGE-IN-TRANSIT | | | <input type="checkbox"/> (4) THIRD PARTY SERVICES | | | <input type="checkbox"/> (7) UNPACKING SERVICE (Baggage only) | | | | | | | | |
| | | | <input type="checkbox"/> (5) BULKY ARTICLE CHARGE | | | <input type="checkbox"/> (8) OVERTIME LOADING/UNLOADING CHARGE | | | | | | | | |
| b. SIGNATURE OF TRANSPORTATION OFFICER | | | | c. TITLE (Print name) | | | | d. DATE SIGNED (YYYYMMDD) | | | | | | |
| <i>[Signature]</i> | | | | ANDREW P. WILHELM, Lt Col, USAF Director | | | | 2/27/04 | | | | | | |

DD FORM 619, OCT 1998 (EG)

PREVIOUS EDITION IS OBSOLETE