

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. 0702-0022
Expires Dec 31, 2007*

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, Executive Services Directorate (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 (<i>Last, First, Middle Initial</i>)				PACKING, PACK MATERIALS AND UNPACKING (1)	NUMBER (2)	UNIT PRICE (3)	CHARGE (4)
b. SSN				a. DISH PACK			
c. RANK OR GRADE				b. CARTONS (<i>Less than 3 cubic feet</i>)			
4. ORIGIN OF SHIPMENT				c. CARTONS (<i>3 cubic feet</i>)			
5. DESTINATION OF SHIPMENT				d. CARTONS (<i>4-1/2 cubic feet</i>)			
6.a. ORDERING ACTIVITY/INSTALLATION NAME				e. CARTONS (<i>8 cubic feet</i>)			
b. LOCATION				f. CARTONS (<i>8-1/2 cubic feet</i>)			
7.a. NAME OF CARRIER				g. WARDROBE (<i>Not less than 10 cubic feet</i>)			
b. NAME OF AGENT (<i>Last, First, Middle Initial</i>)				h. MATTRESS, CRIB			
8. SIGNATURE OF CARRIER'S REPRESENTATIVE				i. MATTRESS (<i>Not exceeding 39" x 75"</i>)			
9. DATE (YYYYMMDD)				j. MATTRESS (<i>Not exceeding 54" x 75"</i>)			
10. CARRIER'S SHIPMENT REFERENCE NO.				k. MATTRESS (<i>39" x 80"</i>)			
11. AGENT OR DRIVER CODE				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>)				m. TOTAL			
LBS.				n. TOTAL SUBJECT MAX-PAK \$ /cwt			
13. STORAGE-IN-TRANSIT (SIT)				o. GRANDFATHER CLOCK CARTONS			
a. STORED AT (1) CITY (2) STATE				p. CORRUGATED CONTAINERS (<i>Special constr.</i>)			
b. SIT SERVICES PROVIDED AT (<i>X one</i>)				q. BOXES - WOODEN/CRATES (<i>Not over 5 cu.ft.</i>)			
<input type="checkbox"/> ORIGIN <input type="checkbox"/> DESTINATION <input type="checkbox"/> OTHER				r. BOXES (<i>Over 5 cu.ft./not over 8 cu.ft.</i>)			
DATES (YYYYMMDD):				s. BOXES (<i>Over 8 cu.ft.</i>) (<i>Gross cu.ft.:</i>)			
c. IN d. ORDERED OUT e. DELIVERED OUT				t. CRATES (<i>Cubic feet:</i>) (<i>Minimum charge:</i>)			
f. NUMBER OF DAYS g. NET WEIGHT				u. CARTONS, DOUBLE WALL (PPP-B-1364) & TRIPLE WALL (PPP-B-640) (<i>Not over 4 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.				v. CARTONS (<i>Over 4 cu.ft./less than 7 cu.ft.</i>)			
j. WAS STORAGE POINT FOR CARRIER'S CONVENIENCE (<i>X one</i>)				w. CARTONS (<i>7 cu.ft./less than 15 cu.ft.</i>)			
<input type="checkbox"/> YES <input type="checkbox"/> NO				x. TOTAL PACKING CHARGE			
14. REWEIGH CERTIFICATION (<i>If applicable</i>)				y. LABOR (<i>Describe service in "Remarks"</i>) (<i>Enter number of man-hours</i>)			
a. NUMBER				z. (X as applicable) <input type="checkbox"/> EXTRA DELIVERY <input type="checkbox"/> AUXILIARY SERVICES			
b. ORIGINAL GROSS				<input type="checkbox"/> EXTRA PICKUP <input type="checkbox"/> AUXILIARY SERVICES			
c. REWEIGH GROSS				aa. PIANO/ORGAN CARRY SERVICE			
d. ORIGINAL TARE				bb. ELEVATOR/STAIR/EXCESS DISTANCE CHARGE			
e. REWEIGH TARE				cc. SERVICING APPLIANCES/OTHER ARTICLES (<i>As itemized and initialed in Item 15</i>)			
f. ORIGINAL NET				dd. OTHER (<i>Describe in "Remarks"</i>)			
g. REWEIGH NET				ee. TOTAL ACCESSORIAL SERVICE CHARGES			
15. APPLIANCES SERVICED (<i>Owner/Agent must initial each entry separately.</i>)							
TYPE a.		MAKE/MODEL NO./MANUFACTURER b.		OWNER/AGENT INITIALS c.			
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>)	
<input type="checkbox"/> (1) ACCESSORIAL SERVICES (<i>Listed in Item 16</i>)		<input type="checkbox"/> (4) THIRD PARTY SERVICES		<input type="checkbox"/> (7) UNPACKING SERVICE (<i>Baggage only</i>)			
<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 (<i>Print or type</i>)		d. DATE SIGNED (YYYYMMDD)	