

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

*Form Approved  
OMB No. 0702-0022  
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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 the Department of Defense, Executive Service 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.**

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

<b>1. GOVERNMENT BILL OF LADING NUMBER</b>		<b>2. DATE OF PICKUP AT ORIGIN</b> <i>(YYYYMMDD)</i>		<b>13. STORAGE-IN-TRANSIT (SIT)</b>									
<b>3.a. NAME OF OWNER</b> <i>(Last, First, Middle Initial)</i>		<b>b. SSN</b>		<b>c. RANK OR GRADE</b>		<b>a. STORED AT</b> <i>(City and State)</i>		<b>b. SIT SERVICES WERE PROVIDED AT</b> <i>(X as applicable)</i>					
								<b>DESTINATION</b>		<b>OTHER</b>			
<b>4. ORIGIN OF SHIPMENT</b>		<b>5. DESTINATION OF SHIPMENT</b>		<b>c. DATE IN</b> <i>(YYYYMMDD)</i>		<b>d. DATE OUT</b> <i>(YYYYMMDD)</i>		<b>e. NUMBER OF DAYS</b>		<b>f. NET WEIGHT</b>			
<b>6.a. ORDERING ACTIVITY/ INSTALLATION NAME</b>		<b>b. LOCATION</b>		<b>g. THIS SHIPMENT WAS ORDERED INTO AND OUT OF SIT ON DATES INDICATED HEREON AND AUTHORIZED BY SIT CONTROL NUMBER:</b>									
<b>7.a. NAME OF CARRIER</b>		<b>b. NAME OF AGENT</b> <i>(Last, First, Middle Initial)</i>		<b>SIT IN EXCESS OF 90 DAYS WAS AUTHORIZED</b> (X) <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>									
<b>8. SIGNATURE OF CARRIER'S REPRESENTATIVE</b>		<b>9. DATE</b> <i>(YYYYMMDD)</i>		<b>h. SIGNATURE OF TRANSPORTATION OFFICER</b>							<b>i. DATE</b> <i>(YYYYMMDD)</i>		
<b>10. CARRIER'S SHIPMENT REFERENCE NO.</b>		<b>11. AGENT OR DRIVER CODE</b>		<b>14. REWEIGH CERTIFICATION</b>									
<b>12. REMARKS</b>				<b>a. ORIGINAL GROSS</b>		<b>b. REWEIGH GROSS</b>							
				<b>c. ORIGINAL TARE</b>		<b>d. REWEIGH TARE</b>							
				<b>e. ORIGINAL NET</b>		<b>f. REWEIGH NET</b>							
				<b>g. THIS SHIPMENT WAS ORDERED FOR REWEIGH AND SERVICES WERE ACCOMPLISHED AS SHOWN ABOVE.</b>									
				<b>(1) SIGNATURE OF TRANSPORTATION OFFICER</b>						<b>(2) DATE</b> <i>(YYYYMMDD)</i>			
				<b>15. ADDITIONAL SERVICES</b>		<b>(1) NUMBER</b>	<b>(2) UNIT PRICE</b>		<b>(3) CHARGE</b>				
<b>a. LABOR - NUMBER OF MAN-HOURS</b> <i>(Describe services in "Remarks")</i>													
<b>b. PIANO/ORGAN OR EXCESS CARRY SERVICES</b>													
<b>c. OTHER</b> <i>(Describe in "Remarks")</i>													

**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

<b>17. WAIVER</b> Unpacking and removal of packing material, boxes/cartons, and other debris is hereby waived.	<b>a. INVENTORY NUMBERS</b>	<b>b. SIGNATURE</b>
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<b>18. CERTIFICATION.</b> I have received the property described on this form:			
<b>a. FROM</b> <i>(Name of Transportation Company)</i>	<b>b. AT</b> <i>(Actual Point of Delivery)</i>	in apparent good order and condition except as noted above.	
<b>c. SIGNATURE OF CONSIGNEE OR AUTHORIZED AGENT</b>			