

STATEMENT OF ACCESSORIAL SERVICES PERFORMED

OMB No. 0702-0022
OMB approval expires
May 31, 2011

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 for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 1155 Defense Pentagon, Washington, DC 20301-1155 (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 (Last, First, Middle Initial) | | | | PACKING, PACK MATERIALS AND UNPACKING (1) | NUMBER (2) | UNIT PRICE (3) | CHARGE (4) |
| b. SSN | | | | a. DISH PACK | | | |
| | | | | b. CARTONS (Less than 3 cubic feet) | | | |
| 4. ORIGIN OF SHIPMENT | | | | c. CARTONS (3 cubic feet) | | | |
| | | | | d. CARTONS (4-1/2 cubic feet) | | | |
| 6.a. ORDERING ACTIVITY/INSTALLATION NAME | | | | e. CARTONS (8 cubic feet) | | | |
| | | | | f. CARTONS (8-1/2 cubic feet) | | | |
| 7.a. NAME OF CARRIER | | | | g. WARDROBE (Not less than 10 cubic feet) | | | |
| | | | | h. MATTRESS, CRIB | | | |
| 8. SIGNATURE OF CARRIER'S REPRESENTATIVE | | | | i. MATTRESS (Not exceeding 39" x 75") | | | |
| | | | | j. MATTRESS (Not exceeding 54" x 75") | | | |
| 9. DATE (YYYYMMDD) | | | | k. MATTRESS (39" x 80") | | | |
| | | | | l. MATTRESS (Exceeding 54" x 75") | | | |
| 10. CARRIER'S SHIPMENT REFERENCE NO. | | | | m. TOTAL | | | |
| 11. AGENT OR DRIVER CODE | | | | n. TOTAL SUBJECT MAX-PAK \$ /cwt | | | |
| 12. PROFESSIONAL BOOKS, PAPERS AND EQUIPMENT (PBP&E) INCLUDED IN SHIPMENT (If not included, write "None".) | | | | o. GRANDFATHER CLOCK CARTONS | | | |
| | | | | p. CORRUGATED CONTAINERS (Special constr.) | | | |
| 13. STORAGE-IN-TRANSIT (SIT) | | | | q. BOXES - WOODEN/CRATES (Not over 5 cu.ft.) | | | |
| | | | | r. BOXES (Over 5 cu.ft./not over 8 cu.ft.) | | | |
| a. STORED AT (1) CITY | | (2) STATE | | s. BOXES (Over 8 cu.ft.) (Gross cu.ft.:) | | | |
| | | | | t. CRATES (Cubic feet:) | | | |
| | | | | 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 | | | |
| 15. APPLIANCES SERVICED (Owner/Agent must initial each entry separately.) | | | | aa. PIANO/ORGAN CARRY SERVICE | | | |
| TYPE a. | | MAKE/MODEL NO./MANUFACTURER b. | | OWNER/AGENT INITIALS c. | | bb. ELEVATOR/STAIR/EXCESS DISTANCE | |
| | | | | | | 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) | |
| <input type="checkbox"/> AT ORIGIN <input type="checkbox"/> OTHER (Explain) | | | | | | | |
| <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"/> (4) THIRD PARTY SERVICES | | <input type="checkbox"/> (7) UNPACKING SERVICE (Baggage only) | | | |
| <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 (Print or type) | | d. DATE SIGNED (YYYYMMDD) | |