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

Form Approved
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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	2. DATE OF PICKUP AT ORIGIN *(YYYYMMDD)*
3.a. NAME OF OWNER *(Last, First, Middle Initial)*	
b. SSN	c. RANK OR GRADE
4. ORIGIN OF SHIPMENT	5. DESTINATION OF SHIPMENT
6.a. ORDERING ACTIVITY/ INSTALLATION NAME	b. LOCATION
7.a. NAME OF CARRIER	b. NAME OF AGENT *(Last, First, Middle Initial)*
8. SIGNATURE OF CARRIER'S REPRESENTATIVE	9. DATE *(YYYYMMDD)*
10. CARRIER'S SHIPMENT REFERENCE NO.	11. AGENT OR DRIVER CODE

12. REMARKS

13. STORAGE-IN-TRANSIT (SIT)

a. STORED AT *(City and State)*		b. SIT SERVICES WERE PROVIDED AT *(X as applicable)* ☐ DESTINATION ☐ OTHER	
c. DATE IN *(YYYYMMDD)*	d. DATE OUT *(YYYYMMDD)*	e. NUMBER OF DAYS	f. NET WEIGHT

g. THIS SHIPMENT WAS ORDERED INTO AND OUT OF SIT ON DATES INDICATED HEREON AND AUTHORIZED BY SIT CONTROL NUMBER: _____

SIT IN EXCESS OF 90 DAYS WAS AUTHORIZED *(X)* ☐ YES ☐ NO

h. SIGNATURE OF TRANSPORTATION OFFICER	i. DATE *(YYYYMMDD)*

14. REWEIGH CERTIFICATION

a. ORIGINAL GROSS	b. REWEIGH GROSS
c. ORIGINAL TARE	d. REWEIGH TARE
d. ORIGINAL NET	e. REWEIGH NET

f. THIS SHIPMENT WAS ORDERED FOR REWEIGH AND SERVICES WERE ACCOMPLISHED AS SHOWN ABOVE.

(1) SIGNATURE OF TRANSPORTATION OFFICER	(2) DATE *(YYYYMMDD)*

15. ADDITIONAL SERVICES	(1) NUMBER	(2) UNIT PRICE	(3) CHARGE
a. LABOR - NUMBER OF MAN-HOURS *(Describe services in "Remarks")*			
b. PIANO/ORGAN OR EXCESS CARRY SERVICES			
c. OTHER *(Describe in "Remarks")*			

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

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

18. CERTIFICATION. I have received the property described on this form:

a. FROM *(Name of Transportation Company)*	b. AT *(Actual Point of Delivery)*	in apparent good order and condition except as noted above.
c. SIGNATURE OF CONSIGNEE OR AUTHORIZED AGENT		d. DATE OF DELIVERY *(YYYYMMDD)*