

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

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.

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		c. RANK OR GRADE		a. DISH PACK			
4. ORIGIN OF SHIPMENT		5. DESTINATION OF SHIPMENT		b. CARTONS (Less than 3 cubic feet)			
6.a. ORDERING ACTIVITY/INSTALLATION NAME		b. LOCATION		c. CARTONS (3 cubic feet)			
7.a. NAME OF CARRIER		b. NAME OF AGENT (Last, First, Middle Initial)		d. CARTONS (4-1/2 cubic feet)			
8. SIGNATURE OF CARRIER'S REPRESENTATIVE		9. DATE (YYYYMMDD)		e. CARTONS (5 cubic feet)			
10. CARRIER'S SHIPMENT REFERENCE NO.		11. AGENT OR DRIVER CODE		f. CARTONS (6-1/2 cubic feet)			
12. PROFESSIONAL BOOKS, PAPERS AND EQUIPMENT (PBP&E) INCLUDED IN SHIPMENT (If not included, write "None".)		LBS.		g. WARDROBE (Not less than 10 cubic feet)			
13. STORAGE IN TRANSIT (SIT)				h. MATTRESS, CRIB			
a. STORED AT (1) CITY (2) STATE		b. SIT SERVICES PROVIDED AT (X one)		i. MATTRESS (Not exceeding 39" x 75")			
		ORIGIN DESTINATION OTHER		j. MATTRESS (Not exceeding 54" x 75")			
DATES (YYYYMMDD):		f. NUMBER OF DAYS		k. MATTRESS (39" x 80")			
c. IN		d. ORDERED OUT		l. MATTRESS (Exceeding 54" x 75")			
e. DELIVERED OUT		g. NET WEIGHT		m. TOTAL			
h. REQUESTED DELIVERY DATE (YYYYMMDD)		i. SHIPMENT ORDERED INTO AND OUT OF SIT ON DATES INDICATED AND AUTHORIZED BY SIT CONTROL NO.		n. TOTAL SUBJECT MAX-PAK \$ /cwt			
j. WAS STORAGE POINT FOR CARRIER'S CONVENIENCE (X one)		YES NO		o. GRANDFATHER CLOCK CARTONS			
14. REWEIGH CERTIFICATION (If applicable)		a. NUMBER		p. CORRUGATED CONTAINERS (Special constr.)			
b. ORIGINAL GROSS		c. REWEIGH GROSS		q. BOXES - WOODEN/CRATES (Not over 5 cu.ft.)			
d. ORIGINAL TARE		e. REWEIGH TARE		r. BOXES (Over 5 cu.ft./not over 8 cu.ft.)			
f. ORIGINAL NET		g. REWEIGH NET		s. BOXES (Over 8 cu.ft.) (Gross cu.ft.:			
15. APPLIANCES SERVICED (Owner/Agent must initial each entry separately.)				t. CRATES (Cubic feet. (Minimum charge:			
TYPE a.		MAKE/MODEL NO./MANUFACTURER b.		u. CARTONS, DOUBLE WALL (PPP-B-1364) & TRIPLE WALL (PPP-B-640) (Not over 4 cu.ft.)			
		OWNER/AGENT INITIALS c.		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			
				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			
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)	
AT ORIGIN OTHER (Explain)							
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)	
(1) ACCESSORIAL SERVICES (Listed in Item 16)		(4) THIRD PARTY SERVICES		(7) UNPACKING SERVICE (Baggage only)			
(2) STORAGE-IN-TRANSIT		(5) BULKY ARTICLE CHARGE		(8) OVERTIME LOADING/UNLOADING CHARGE			
b. SIGNATURE OF TRANSPORTATION OFFICER				c. TITLE (Print or type)		d. DATE SIGNED (YYYYMMDD)	