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 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)*

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. PROFESSIONAL BOOKS, PAPERS AND EQUIPMENT (PBP&E) INCLUDED IN SHIPMENT *(If not included, write "None".)* LBS.

13. STORAGE-IN-TRANSIT (SIT)

a. STORED AT (1) CITY (2) STATE
b. SIT SERVICES PROVIDED AT *(X one)* ☐ ORIGIN ☐ DESTINATION ☐ OTHER

DATES (YYYYMMDD):
c. IN
d. ORDERED OUT
e. DELIVERED OUT
f. NUMBER OF DAYS
g. NET WEIGHT

h. REQUESTED DELIVERY DATE *(YYYYMMDD)*
i. SHIPMENT ORDERED INTO AND OUT OF SIT ON DATES INDICATED AND AUTHORIZED BY SIT CONTROL NO.

j. WAS STORAGE POINT FOR CARRIER'S CONVENIENCE *(X one)* ☐ YES ☐ NO

14. REWEIGH CERTIFICATION *(If applicable)*
a. NUMBER
b. ORIGINAL GROSS
c. REWEIGH GROSS
d. ORIGINAL TARE
e. REWEIGH TARE
f. ORIGINAL NET
g. REWEIGH NET

15. APPLIANCES SERVICED *(Owner/Agent must initial each entry separately.)*

TYPE a.	MAKE/MODEL NO./MANUFACTURER b.	OWNER/AGENT INITIALS c.

16. ACCESSORIAL SERVICES

PACKING, PACK MATERIALS AND UNPACKING (1)	NUMBER (2)	UNIT PRICE (3)	CHARGE (4)
a. DISH PACK			
b. CARTONS *(Less than 3 cubic feet)*			
c. CARTONS *(3 cubic feet)*			
d. CARTONS *(4-1/2 cubic feet)*			
e. CARTONS *(8 cubic feet)*			
f. CARTONS *(8-1/2 cubic feet)*			
g. WARDROBE *(Not less than 10 cubic feet)*			
h. MATTRESS, CRIB			
i. MATTRESS *(Not exceeding 39" x 75")*			
j. MATTRESS *(Not exceeding 54" x 75")*			
k. MATTRESS *(39" x 80")*			
l. MATTRESS *(Exceeding 54" x 75")*			
m. TOTAL			
n. TOTAL SUBJECT MAX-PAK $ /cwt)			
o. GRANDFATHER CLOCK CARTONS			
p. CORRUGATED CONTAINERS *(Special constr.)*			
q. BOXES - WOODEN/CRATES *(Not over 5 cu.ft.)*			
r. BOXES *(Over 5 cu.ft./not over 8 cu.ft.)*			
s. BOXES *(Over 8 cu.ft.) (Gross cu.ft.:)*			
t. CRATES *(Cubic feet:)* *(Minimum charge:)*			
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			
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
☐ AT ORIGIN ☐ OTHER *(Explain)*
☐ AT DESTINATION

b. SIGNATURE *(Do not sign until Carrier has completed column 16(2).)*

c. DATE SIGNED *(YYYYMMDD)*

19. TRANSPORTATION OFFICER CERTIFICATION. I CERTIFY THAT SHIPMENT SERVICES WERE ACCOMPLISHED AS SHOWN BELOW.

a. SERVICES ACCOMPLISHED *(X as applicable)*
☐ (1) ACCESSORIAL SERVICES *(Listed in Item 16)*
☐ (2) STORAGE-IN-TRANSIT
☐ (3) REWEIGH CERTIFICATION
☐ (4) THIRD PARTY SERVICES
☐ (5) BULKY ARTICLE CHARGE
☐ (6) WAITING TIME
☐ (7) UNPACKING SERVICE *(Baggage only)*
☐ (8) OVERTIME LOADING/UNLOADING CHARGE
☐ (9) OTHER *(Specify)*

b. SIGNATURE OF TRANSPORTATION OFFICER

c. TITLE *(Print or type)*

d. DATE SIGNED *(YYYYMMDD)*