CONTAINS INFORMATION SUBJECT TO THE PRIVACY ACT OF 1974, AS AMENDED.

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.

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

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.

Pentagon, Washington, DC 20301-1155 (0702- a collection of information if it does not display a cu	urrently valid OMB control	number.				of law, no person shall be	e subject to a	any penalty for faili	ing to comply with	
PLEASE DO NOT RETURN YOUR C 1. GOVERNMENT BILL OF LADING NUMBER	2. DATE OF PICK		OVE							
(YYYYMMDD)					16. ACCESSORIAL SERVICES PACKING, PACK MATERIALS AND UNPACKING NU			UNIT PRICE	CHARGE	
3.a. NAME OF OWNER (Last, First, Middle Initial)					(1) (2)			(3)	(4)	
				a.	DISH PACK					
b. SSN c. RANK OR GRADE				b.	b. CARTONS (Less than 3 cubic feet)					
				c.	CARTONS (3 cubic feet)					
4. ORIGIN OF SHIPMENT 5. DESTINATION OF SHIPMENT				d.	d. CARTONS (4-1/2 cubic feet)					
				e.	CARTONS (8 cubic feet)					
6.a. ORDERING ACTIVITY/INSTALLATION NAME	b. LOCATION			f.	CARTONS (8-1/2 cubic f	eet)				
				g.	g. WARDROBE (Not less than 10 cubic feet)					
				h.	MATTRESS, CRIB	,				
7.a. NAME OF CARRIER	b. NAME OF AGENT (Last, First, Middle Initial)			i. MATTRESS (Not exceeding 39" x 75")						
				j.	MATTRESS (Not exceed	ling 54" x 75")				
8. SIGNATURE OF CARRIER'S REPRESENTA	VE 9. DATE (YYYYMM		AMDD)	k.	MATTRESS (39" x 80")					
		(TTTNIND		I.	MATTRESS (Exceeding	54" x 75")	1			
				m.	TOTAL					
10. CARRIER'S SHIPMENT REFERENCE NO. 11. AGENT OR DR			CODE	n.	TOTAL SUBJECT MAX-	PAK \$ /cwt.)				
			4	0.	GRANDFATHER CLOCK	CARTONS				
12. PROFESSIONAL BOOKS, PAPERS AND E	QUIPMENT (PBP&E)	LBS.		p.	CORRUGATED CONTA	NERS (Special constr.)				
INCLUDED IN SHIPMENT (If not included, write "None".)					BOXES - WOODEN/CRA					
13. STORAGE-IN-TRANSIT (SIT)				<u> </u>	BOXES (Over 5 cu.ft./not					
a. STORED AT (1) CITY (2) STATE	b. SIT SERVICES PRO	OVIDED AT (X or	ne)		BOXES (Over 8 cu.ft.) (G					
	ORIGIN DES	TINATION	OTHER			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
DATES (YYYYMMDD): C. IN d. ORDERED OUT e. DELIVERED OUT f. NUMBER OF DAYS OF DAYS g. NET WEIGHT OF DAYS h. REQUESTED DELIVERY II. 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				t. CRATES (Cubic feet:) (Minimum charge:)						
				u. CARTONS, DOUBLE WALL (PPP-B-1364) & TRIPLE WALL (PPP-B-640) (Not over 4 cu.ft.)						
				—	INPLE WALL (PPP-B-0	(Not over 4 cu.ii.)				
				v.	CARTONS (Over 4 cu.ft.,	less than 7 cu.ft.)				
				w.	CARTONS (7 cu.ft./less t	han 15 cu.ft.)				
14. REWEIGH CERTIFICATION (If applicable)	a. NUMBER		1.10	х.	TOTAL PACKING CHAP	IGE				
b. ORIGINAL GROSS c. REWEIGH GROSS				у.	LABOR (Describe service	,				
d. ORIGINAL TARE e. REWEIGH TARE				(Enter number of man-ho	urs)					
f. ORIGINAL NET g. REWEIGH NET			z.	(X as applicable)	XTRA DELIVERY					
15. APPLIANCES SERVICED (Owner/Agent must initial each entry separately.)				Ш	EXTRA PICKUP	AUXILIARY SERVICES				
OWNED/ACENT				aa.	PIANO/ORGAN CARRY	SERVICE				
TYPE MAKE/MODEL NO./MANUFACTURER INITIALS a. b. C.				bb.	ELEVATOR/STAIR/EXC	ESS DISTANCE				
			cc. SERVICING APPLIANCES/OTHER ARTICLES (As itemized and initialed in Item 15)							
				dd.	OTHER (Describe in "Re	<u> </u>				
					,	,				
				ee.	TOTAL ACCESSORIAL	SERVICE CHARGES				
17. REMARKS	S	hipper Initial					Shipper Init	tial		
No. of Feet - Van to Residence _				Eleva	ator Used (yes/no)					
No. of Outside Steps				Pian	o or Organ & Size					
No. of Inside Flights				Bulky	y Article					
(Apartment Bldgs. Only)										
18. STATEMENT OF OWNER, MILITARY INSPE	CTOR/TRANSPORTATION	ON OFFICER								
a. MATERIALS WERE FURNISHED/ACCESSORIAL SERVICES WERE PERFORMED b. SIGNA					ATURE (Do not sign until Carrier has completed column 16(2).) c. DATE SIGNED (YYYYMMDD)					
AT ORIGIN OTHER (Explain)								(TTTWWWDD)		
AT DESTINATION										
19. TRANSPORTATION OFFICER CERTIFICAT						BELOW.	100			
a. SERVICES ACCOMPLISHED (X as applicable) (3) REWEIGH CERTIFICATION (4) THIRD PARTY SERVICES				(6) WAITING TIME (9) OTHER (Specify)						
(1) ACCESSORIAL SERVICES (Listed in Item 16) (4) THIRD PARTY SERVICES (2) STORAGE-IN-TRANSIT (5) BULKY ARTICLE CHARGE			_	(7) UNPACKING SERVICE (Baggage only) (8) OVERTIME LOADING/UNLOADING CHARGE						
b. SIGNATURE OF TRANSPORTATION OFFICER C. TITLE					d. DATE SIGNED)				
					(YYYYMMDD)					