

## 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  
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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, Executive Services and Communications 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 FORM TO THE ABOVE ORGANIZATION.**

<b>1. GOVERNMENT BILL OF LADING NUMBER</b>		<b>2. DATE OF PICKUP AT ORIGIN</b> (YYYYMMDD)		<b>16. ACCESSORIAL SERVICES</b>			
<b>3.a. NAME OF OWNER</b> ( <i>Last, First, Middle Initial</i> )				<b>PACKING, PACK MATERIALS AND UNPACKING</b> (1)	<b>NUMBER</b> (2)	<b>UNIT PRICE</b> (3)	<b>CHARGE</b> (4)
<b>b. SSN</b>		<b>c. RANK OR GRADE</b>		<b>a. DISH PACK</b>			
<b>4. ORIGIN OF SHIPMENT</b>				<b>b. CARTONS</b> ( <i>Less than 3 cubic feet</i> )			
<b>5. DESTINATION OF SHIPMENT</b>				<b>c. CARTONS</b> ( <i>3 cubic feet</i> )			
<b>6.a. ORDERING ACTIVITY/INSTALLATION NAME</b>		<b>b. LOCATION</b>		<b>d. CARTONS</b> ( <i>4-1/2 cubic feet</i> )			
<b>7.a. NAME OF CARRIER</b>		<b>b. NAME OF AGENT</b> ( <i>Last, First, Middle Initial</i> )		<b>e. CARTONS</b> ( <i>8 cubic feet</i> )			
<b>8. SIGNATURE OF CARRIER'S REPRESENTATIVE</b>		<b>9. DATE</b> (YYYYMMDD)		<b>f. CARTONS</b> ( <i>8-1/2 cubic feet</i> )			
<b>10. CARRIER'S SHIPMENT REFERENCE NO.</b>		<b>11. AGENT OR DRIVER CODE</b>		<b>g. WARDROBE</b> ( <i>Not less than 10 cubic feet</i> )			
<b>12. PROFESSIONAL BOOKS, PAPERS AND EQUIPMENT (PBP&amp;E) INCLUDED IN SHIPMENT</b> ( <i>If not included, write "None".</i> )		<b>LBS.</b>		<b>h. MATTRESS, CRIB</b>			
<b>13. STORAGE-IN-TRANSIT (SIT)</b>				<b>i. MATTRESS</b> ( <i>Not exceeding 39" x 75"</i> )			
<b>a. STORED AT</b> (1) CITY (2) STATE		<b>b. SIT SERVICES PROVIDED AT</b> ( <i>X one</i> )		<b>j. MATTRESS</b> ( <i>Not exceeding 54" x 75"</i> )			
<b>ORIGIN</b>		<b>DESTINATION</b>		<b>k. MATTRESS</b> ( <i>39" x 80"</i> )			
<b>OTHER</b>		<b>OTHER</b>		<b>l. MATTRESS</b> ( <i>Exceeding 54" x 75"</i> )			
<b>DATES</b> (YYYYMMDD):				<b>m. TOTAL</b>			
<b>c. IN</b>		<b>d. ORDERED OUT</b>		<b>n. TOTAL SUBJECT MAX-PAK \$</b> / <i>ctw</i> )			
<b>e. DELIVERED OUT</b>		<b>f. NUMBER OF DAYS</b>		<b>o. GRANDFATHER CLOCK CARTONS</b>			
<b>g. NET WEIGHT</b>		<b>h. REQUESTED DELIVERY DATE</b> (YYYYMMDD)		<b>p. CORRUGATED CONTAINERS</b> ( <i>Special constr.</i> )			
<b>i. SHIPMENT ORDERED INTO AND OUT OF SIT ON DATES INDICATED AND AUTHORIZED BY SIT CONTROL NO.</b>		<b>j. WAS STORAGE POINT FOR CARRIER'S CONVENIENCE</b> ( <i>X one</i> )		<b>q. BOXES - WOODEN/CRATES</b> ( <i>Not over 5 cu.ft.</i> )			
<b>YES</b>		<b>NO</b>		<b>r. BOXES</b> ( <i>Over 5 cu.ft./not over 8 cu.ft.</i> )			
<b>14. REWEIGH CERTIFICATION</b> ( <i>If applicable</i> )				<b>s. BOXES</b> ( <i>Over 8 cu.ft.</i> ) ( <i>Gross cu.ft.:</i> )			
<b>a. NUMBER</b>		<b>b. ORIGINAL GROSS</b>		<b>t. CRATES</b> ( <i>Cubic feet:</i> )			
<b>c. REWEIGH GROSS</b>		<b>d. ORIGINAL TARE</b>		<b>(Minimum charge:</b> )			
<b>e. REWEIGH TARE</b>		<b>f. ORIGINAL NET</b>		<b>u. CARTONS, DOUBLE WALL (PPP-B-1364) &amp; TRIPLE WALL (PPP-B-640)</b> ( <i>Not over 4 cu.ft.</i> )			
<b>g. REWEIGH NET</b>		<b>15. APPLIANCES SERVICED</b> ( <i>Owner/Agent must initial each entry separately.</i> )		<b>v. CARTONS</b> ( <i>Over 4 cu.ft./less than 7 cu.ft.</i> )			
<b>TYPE</b>		<b>MAKE/MODEL NO./MANUFACTURER</b>		<b>w. CARTONS</b> ( <i>7 cu.ft./less than 15 cu.ft.</i> )			
<b>a.</b>		<b>b.</b>		<b>x. TOTAL PACKING CHARGE</b>			
<b>OWNER/AGENT INITIALS</b>		<b>c.</b>		<b>y. LABOR</b> ( <i>Describe service in "Remarks"</i> )			
<b>aa. PIANO/ORGAN CARRY SERVICE</b>		<b>bb. ELEVATOR/STAIR/EXCESS DISTANCE CHARGE</b>		<b>(Enter number of man-hours)</b>			
<b>cc. SERVICING APPLIANCES/OTHER ARTICLES</b> ( <i>As itemized and initialed in Item 15</i> )		<b>dd. OTHER</b> ( <i>Describe in "Remarks"</i> )		<b>z. (X as applicable)</b>			
<b>ee. TOTAL ACCESSORIAL SERVICE CHARGES</b>		<b>17. REMARKS</b>		<b>EXTRA DELIVERY</b>			
<b>EXTRA PICKUP</b>		<b>18. STATEMENT OF OWNER, MILITARY INSPECTOR/TRANSPORTATION OFFICER</b>		<b>AUXILIARY SERVICES</b>			
<b>19. TRANSPORTATION OFFICER CERTIFICATION. I CERTIFY THAT SHIPMENT SERVICES WERE ACCOMPLISHED AS SHOWN BELOW.</b>		<b>a. MATERIALS WERE FURNISHED/ACCESSORIAL SERVICES WERE PERFORMED</b>		<b>b. SIGNATURE</b> ( <i>Do not sign until Carrier has completed column 16(2).)</i>			
<b>(1) ACCESSORIAL SERVICES</b> ( <i>Listed in Item 16</i> )		<b>(2) STORAGE-IN-TRANSIT</b>		<b>c. DATE SIGNED</b> (YYYYMMDD)			
<b>(3) REWEIGH CERTIFICATION</b>		<b>(4) THIRD PARTY SERVICES</b>		<b>(5) BULKY ARTICLE CHARGE</b>			
<b>(6) WAITING TIME</b>		<b>(7) UNPACKING SERVICE</b> ( <i>Baggage only</i> )		<b>(8) OVERTIME LOADING/UNLOADING CHARGE</b>			
<b>(9) OTHER</b> ( <i>Specify</i> )		<b>b. SIGNATURE OF TRANSPORTATION OFFICER</b>		<b>c. TITLE</b> ( <i>Print or type</i> )			
<b>d. DATE SIGNED</b> (YYYYMMDD)		<b>DD FORM 619, OCT 1998</b>		<b>PREVIOUS EDITION IS OBSOLETE.</b>			