

**STATEMENT OF ACCESSORIAL SERVICES PERFORMED**

OMB No. 0704-0531  
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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, Washington Headquarters Services, Executive Services Directorate, Directives Division, 4800 Mark Center Drive, Alexandria, VA 22350-3100 (0704-0531). 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. BILL OF LADING NUMBER</b>               | <b>2. OWNER NAME</b> <i>(Last, First, Middle Initial)</i>    | <b>3. RANK/GRADE</b>              |
| <b>4. ORIGIN OF SHIPMENT</b>                  | <b>5. DATE OF PICKUP AT ORIGIN</b> <i>(DDMMYYYY)</i>         | <b>6. DESTINATION OF SHIPMENT</b> |
| <b>7. ORDERING ACTIVITY/INSTALLATION NAME</b> | <b>8. SCAC/NAME OF TRANSPORTATION SERVICE PROVIDER (TSP)</b> | <b>9. NAME OF AGENT</b>           |
| <b>10. TSP SHIPMENT REFERENCE NO.</b>         | <b>11. SIGNATURE OF TSP REPRESENTATIVE</b>                   | <b>12. DATE</b> <i>(DDMMYYYY)</i> |

**13. ADDITIONAL SERVICES** *(Enter additional information in Item 14, "Remarks".)*

|                                                                                                 |                                          |
|-------------------------------------------------------------------------------------------------|------------------------------------------|
| a. CRATES <i>(Indicate number of crates and name of item(s) in "Remarks".)</i>                  | d. EXTRA PICKUP                          |
| b. THIRD PARTY SERVICES <i>(i.e., Schranks, pool table, etc. Must provide invoice to PPSO.)</i> | e. EXTRA DELIVERY                        |
| c. SHUTTLE SERVICE <i>(Describe in "Remarks".)</i>                                              | f. OTHER <i>(Describe in "Remarks".)</i> |

**14. REMARKS** *(Customer must initial next to each that apply.)*

**15. STATEMENT OF OWNER**

|                                                                                                                 |                                      |                                                               |
|-----------------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------------------------------------|
| a. MATERIALS WERE FURNISHED/ACCESSORIAL SERVICES WERE PERFORMED <i>(X all that apply.)</i>                      |                                      |                                                               |
| <input type="checkbox"/> ORIGIN                                                                                 | <input type="checkbox"/> DESTINATION | <input type="checkbox"/> OTHER <i>(Explain in "Remarks".)</i> |
| b. SIGNATURE <i>(Do not sign until the TSP has explained ALL that apply in Item 13, "Additional Services".)</i> |                                      | c. DATE <i>(DDMMYYYY)</i>                                     |