Prescribed by DTR 4500.9-R

STATEMENT OF ACCESSORIAL SERVICES PERFORMED

OMB No. 0704-0531
OMB approval expires
May 31, 2025

The public reporting burden for this collection of information is estimated to average three (3) 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, at whs.mc-alex.esd.mbx.dd-dod-informationcollections@mail.mil. 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.

1. BILL OF LADING NUMBER	**2a. CUSTOMER NAME** *(Last, First, Middle Initial)*	**2b. RANK/GRADE**

3a. ORIGIN OF SHIPMENT	**3b. DATE OF PICKUP AT ORIGIN** *(DDMMYYYY)*	**3c. DESTINATION OF SHIPMENT**

4. ORDERING ACTIVITY/INSTALLATION NAME

5. NAME OF TRANSPORTATION SERVICE PROVIDER (TSP) **SCAC:**	**5a. TSP SHIPMENT REFERENCE NUMBER**	**5b. NAME OF TSP REPRESENTATIVE** *(Last, First, Middle Initial)*

5c. SIGNATURE OF TSP REPRESENTATIVE	**5d. DATE** *(DDMMYYYY)*

6. TSP's AGENT

6a. COMPANY NAME	**6b. NAME OF AGENT REPRESENTATIVE** *(Last, First, Middle Initial)*

7. ADDITIONAL SERVICES *(Enter additional details [as required] in Block 8, "Remarks")*

☐	7a. CRATES *(Details required [e.g. number of crates & name of items])*	☐	7d. EXTRA PICKUP
☐	7b. THIRD PARTY SERVICES *(Details required [i.e., Schrank, Pool Table, etc.]; TSP must provide invoice to PPSO.)*	☐	7e. EXTRA DELIVERY
☐	7c. SHUTTLE SERVICE *(Details required)*	☐	7f. OTHER *(Details required)*

8. REMARKS *(Customer is required to initial next to each TSP additional service entry that apply.)*

9. STATEMENT OF CUSTOMER

9a. MATERIALS WERE FURNISHED/ACCESSORIAL SERVICES WERE PERFORMED *(X all that apply.)*

☐ ORIGIN ☐ DESTINATION ☐ OTHER *(Details required in Block 8)*

9b. CUSTOMER SIGNATURE *(Do not sign until the TSP has provided an explanation for each additional service in Block 8, "Additional Services").*	9c. DATE *(DDMMYYYY)*

DD FORM 619, FEB 2025

PREVIOUS EDITION IS AUTHORIZED FOR USE UNTIL STOCK IS DEPLETED.