

**DOCUMENT NAME: Government Bill of Lading (GBL) -
Personal Property/Household Goods
DOCUMENT TYPE: 15**

Note: Although GSA ended the paper processing of GBLs in March 2002, it is estimated that existing stocks will continue to be sent to FINCEN until FY 05.

1. **Description:** Shipment of personal property/household goods (HHG) on permanent change of station orders (PCS).
2. **Primary Forms:** SF-1203, U. S. Government Bill of Lading - Privately Owned Personal Property
3. **Related Forms:**
 - *CG-5131, Standard Travel Order For Military Personnel
 - *DD-214, Certificate of Release or Discharge from Active Duty
 - DD-619, Statement of Accessorial Services
 - DD-1299, Application for Shipment and/or Storage of Personal Property
 - DD-1348, Single Line Item Requisition System Document
 - SF-1113, Public Voucher
 - *Authorization letter for retirement
 - *Authorization letter for early return of dependents

Note: * One of these will apply to each shipment of HHG on a GBL.

4. **Document Number:** Nonstandard - unit assigned.

TONO number from orders is used.

SAMPLE: 15 04 G84PRA123

<u>Document Type</u>	<u>FY</u>	<u>Last Nine Digits of TONO</u>	<u>Suffix</u>
15	04	G84PRA123	

NOTE: Suffix will be assigned by FINCEN depending on type of payment made. For example, line haul charges, use L00, or if more than one GBL for a member with a different vendor, L01, etc. Also for storage in transit (SIT) charges, use S00, or if more than one GBL with a different vendor, S01, etc.

5. **Accounting Line:** Will come from orders or other authorization for shipment. Object class will be changed to 2221 for transportation of HHG-PCS.

SAMPLE: 2/P/401/299/21/0/RA/78040/2221

6. **FINCEN Critical Processing Requirements:** Issuing units must ensure all forms are completed in their entirety. The following information is critical for processing:
 - a. SF-1203

6. a. (1) Vendor's Standard Carrier Alpha Code (SCAC) in block 2.
(2) Property owner's name and SSN - block 10.
(3) Standard travel order number - block 11.
(4) Applicable accounting data - block 24.
(5) Bill charges to: (block 21)

USCG Finance Center (Code 7060000)
C/O National Traffic Service
151 John James Audubon Parkway
Amherst, NY 14228-1185

- b. DD-1299
 - (1) Shipment number - block 2 (multiple shipments must be numbered in chronological order).
 - (2) Complete transportation office address - block 3.
 - (3) Member/Employee name, rank, SSN, agency - block 6.
 - (4) Standard travel order number - block 8e.
 - c. Legible copy of DD-1299 must be forwarded to **Transportation, USCG Finance Center, P. O. Box 4101, Chesapeake, VA 23327-4101** with supporting copies of the GBL and authorizing orders.
7. **Other Information:** Authorization letter for early return of dependents must have chargeable accounting data, including TONO.

8. FPD Information:

- a. Standard generic input is made through the Miscellaneous icon in the Simplified Acquisitions Applet.
- b. Obligation will transmit electronically via FPD, if desired.
- c. The first yellow copy of this document is NOT required to be mailed to FINCEN if the obligation is transmitted via FPD.

9. Document Flow:

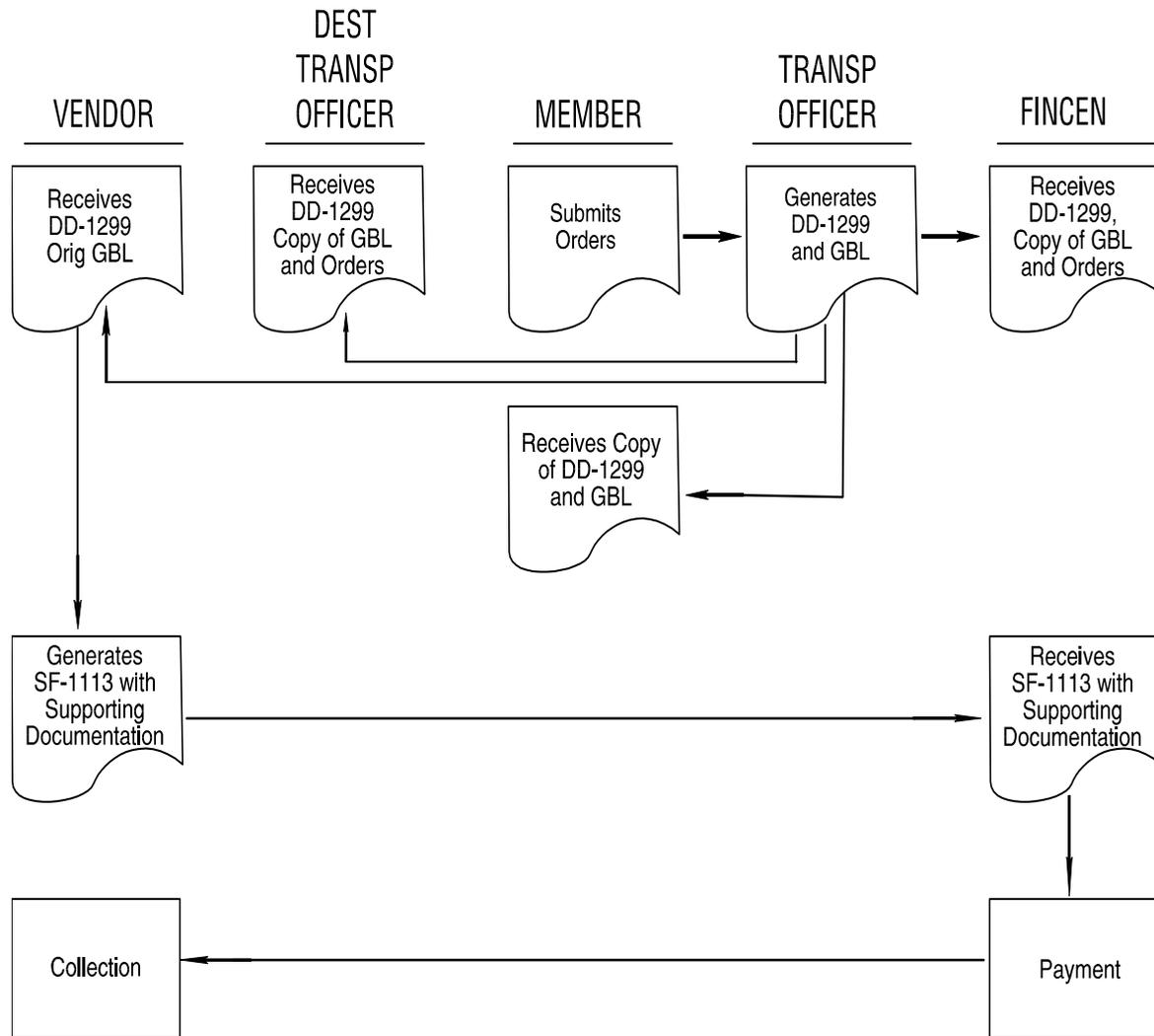


Figure 12C-18 Government Bill of Lading (GBL) - Personal Property/Household Goods

- a. Figure 12C-18 describes the procedures for processing Government Bill of Lading (GBL) - Personal Property/Household Goods.
- b. Member submits sufficient copies of orders to satisfy distribution requirements to the transportation office.
- c. The transportation office generates and forwards to carrier, and destination transportation office. The carrier forwards to National Traffic Service (NTS). NTS forwards to the USCG Finance Center, P. O. Box

9. c. (cont'd) 4101, Chesapeake, VA 23327-4101 a separate DD-1299, GBL, and orders for each shipment. Block 12 of DD-1299 must be numbered in chronological order when two or more shipments are made on the same PCS orders.
- d. Upon completion of the shipment, vendor invoices on SF-1113 are mailed to FINCEN, including necessary supporting documentation, DD-1299, orders, weight tickets, DD-619, DD-619-1, waiver, etc., depending on type of shipment.
- e. FINCEN processes for payment when complete package is received.

10. Sample Forms: See Figures 12C-19, 12C-20, 12C-21 and 12C-21a.

11. PES Report Sample:

DOCUMENT ID	TRANS CODE	BATCH NUMBER	COST CENTER	OBJ CLASS	COMMIT	UNDELIVERED ORDERS	ACCRUED EXPEND	EXPEND
1504G84PRA123L00	103F	04100F242	78040	2221	0.00	0.00	0.00	999.80
1504G84PRA123S00	103F	04100F246	78040	2221	0.00	0.00	0.00	598.45

12. References: US Government Freight Transportation Handbook, July 2000.

BILL OF LADING — PRIVATELY OWNED PERSONAL PROPERTY				ORIGINAL B/L NO. ZY-083754			
1. TRANSPORTATION COMPANY (Agent) TENDERED TO APOLLO VAN LINES INC (FOSTER VAN LINES)				2. SCAC APOV	3. SERVICE CODE 1A	4. SHIPMENT NO. 1 OF 1	5. DATE B/L PRINTED 03-JUN-03
6. REQUESTED PACKING DATE 12-JUN-03	7. REQUESTED PICKUP DATE 13-JUN-03	8. REQUIRED DELIVERY DATE 07-JUL-03	9. PRIVACY ACT DATA (5 USC 552a) This form serves as a procurement, accountability and payment form in the shipment of privately owned personal property for the account of the U. S. Information thereon may be used to prepare related documents or collect excess costs. Disclosure of information is voluntary but its absence may preclude shipment of property.				
13. EXTRA PICKUP/DELIVERY (Complete address) ALL BOARD STORAGE, 1900 MEEKE RICHMOND (CONTRA COST) CA 94804				11. AUTHORITY FOR SHIPMENT (Order No. Par. No., HQ) 1203G83PRA04G CGPC-WASHINGTON, DC		12. DATE OF ORDER 27-MAY-03	
16. Received by the transportation company named above, the property hereinafter described, in apparent good order and condition (contents and value unknown), to be forwarded to destination by the said company and connecting lines, there to be delivered in like good order and condition to said consignee. This bill of lading is governed by the regulations relating thereto as published in Title 41, Part 102-118 of the Code of Federal Regulations. Terms and Conditions are also contained in the Tender of Service.				17. FULL NAME OF SHIPPER PERSONAL PROPERTY DEPARTMENT			
18. CONSIGNEE (Name and destination delivery address) (See block 13) MEMBER STORAGE IN TRANSIT CAPE MAY (CAPE MAY) NJ US19 08204				19. FROM (Complete address of point of pickup) (See block 13.) THE SHORES, 129 SHORELINE COURT RICHMOND (CONTRA COSTA) CA 94804 US87 RA:			
20. RESPONSIBLE DESTINATION INSTALLATION/OFFICE JPPSO-NEW JERSEY FORT DIX NJ 08640-7700 609-5622571				21. BILL CHARGES TO (Dept./Agcy., Bur./Off., and complete mailing address) USCG FINCEN (CODE 706000) C/O NATIONAL TRAFFIC SERVICE 151 JOHN JAMES AUDUBON PARKWAY AMHERST, NY 14228-1185		22. VIA (Name of interlining carriers)	
25. REMARKS (Special services, use reverse) DL:DL:REWEIGH REQUIRED-BEFORE EFFECTING DELIVERY TO RESIDENCE OR PLACING IN STORAGE, THE CARRIER SHALL NOTIFY THE PPSO SPECIFIED IN BLOCK 20-				23. FOR CARRIER USE ONLY - WAYBILL/FREIGHT BILL NO. GBLOC APAT		24. APPROPRIATION CHARGEABLE NMF -3-ZMHG P/301/299/21/0/01/7000/2104	

28. PACKAGES		27. DESCRIPTION OF SHIPMENT* (Specify)	28. WEIGHT +	FOR USE OF DESTINATION CARRIER ONLY		
NO.	KIND			GROSS	SERVICES	29. RATE
1	LOT	DOD SPONSORED HOUSEHOLD GOODS	34260	LINE-HAUL TRANSPORTATION	5995	8524 89
			TARE 24780	PACKING/UNPACKING		2199 98
			NET 9480	OTHER/ACCESSORIAL SERVICES		3730 87
+ Inclu. professional books, papers, and equipment weighing: NONE				TOTAL		14455 74
				31. TARIFF OR SPECIAL RATE AUTHORITIES RS D-7 - 150%		

* Issued at lowest valuation cited in appropriate tender or tariff unless otherwise stated hereon.		B/L NO. ZY-083754	
CERTIFICATE FOR RECEIPT OF SHIPMENT AND ORIGINAL BILL OF LADING			
33a. NAME OF TRANSPORTATION COMPANY APOLLO VAN LINES INC (FOSTER VAN LINES)		33b. DATE OF RECEIPT OF SHIPMENT 6-13-03	
33c. SIGNATURE OF AGENT/DRIVER <i>Ethel Foster</i>		33d. PER <i>agent</i>	
32a. ISSUING OFFICER (Name and Title) JOSIANE K. STOKES DIRECTOR			
32b. ISSUING OFFICE (Name and Complete address) PERSONAL PROPERTY DEPARTMENT BLDG 3, COAST GUARD ISLAND ALAMEDA CA 94501-5100			
34. FOR USE OF PAYING OFFICER (Does not affect carrier charges)			
UNAUTHORIZED ITEMS		EXCESS DISTANCE	
EXCESS VALUATION		EXCESS WEIGHT	
OTHERS (Explain under remarks)			

35a. ON (Date) 6-27-03		35b. AT (Actual delivery point) + + MT. Holly NJ		35c. THE (Name of delivery carrier) Apollo van Lines Inc.	
35d. DELIVERED THIS CONSIGNMENT TO <input checked="" type="checkbox"/> STORAGE IN TRANSIT <input type="checkbox"/> RESIDENCE		35e. COMPLETE AND IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER <input type="checkbox"/> SHORTAGE <input type="checkbox"/> DAMAGE <input type="checkbox"/> CARRIER OS&D REPORT ATTACHED			
35f. NAME OF DESTINATION CARRIER (Carrier authorized to bill charges) Apollo van Lines Inc.				35g. SIGNATURE OF CARRIER'S AUTHORIZED AGENT <i>Nick J. Cook</i>	

+ + Carrier to execute and attach Certificate of Storage and Liability for shipment placed in storage in transit

Figure 12C-19 SF-1203, U. S. Government Bill Of Lading - Privately Owned Personal Property

APPLICATION FOR SHIPMENT AND / OR STORAGE OF PERSONAL PROPERTY <small>(Before completing form, read Privacy Act Statement on Page 2)</small>		1. DATE PREPARED (YYMMDD)	2. SHIPMENT NUMBER
		04-01-06	1/1
3. NAME OF PREPARING OFFICE Transp Off USCG Academy, New London, CT C706320		4. TO (Responsible origin Personal Property Shipping Office) a. NAME Transportation Officer (FL)	
5. NAME OF DESTINATION PERSONAL PROPERTY SHIPPING OFFICE T.O. USCG Base, 196 Tradd St (CAPS) Charleston, SC 29401		b. ADDRESS (Street, City, State, Zip Code) U.S. Coast Guard Academy 15 Mohegan Ave New London, CT 06320	
6. MEMBER OR EMPLOYEE INFORMATION			
a. NAME (Last, First, Middle Initial) Smithe, Sam N.	b. RANK/GRADE Ens/O-1	c. SSN 123-12-1234	d. AGENCY U.S. Coast Guard
7. REQUEST ACTION BE TAKEN TO TRANSPORT OR STORE THE FOLLOWING			
a. HOUSEHOLD GOODS / UNACCOMPANIED BAGGAGE / ITEMS / NO. OF CONTAINERS (Enter quantity estimate)			
(1) POUNDS 1500 Lbs	(2) POUNDS OF PROFESSIONAL BOOKS, PAPERS, AND EQUIPMENT (Enter none, if not applicable)	(3) EXPENSIVE AND VALUABLE ITEMS. NUMBER OF CARTONS	
b. MOBILE HOME INFORMATION (Enter dimensions in feet and inches)			
(1) SERIAL NUMBER	(2) LENGTH	(3) WIDTH	(4) HEIGHT
(5) TYPE EXPANDO (Describe)			
(6) MOBILE HOME SERVICES REQUESTED (X as applicable)			
(a) Contents Packed		(b) Mobile Home Blocked	
(c) Mobile Home Unblocked		(d) Stored at Origin	
		(e) Stored at Destination	
8. THIS SHIPMENT/STORAGE IS REQUIRED INCIDENT TO THE FOLLOWING CHANGE OF STATION ORDERS			
a. TYPE ORDERS (X one)		b. ISSUED BY	
(1) PERMANENT	X	(2) TEMPORARY	Comdt USCG
c. NEW DUTY ASSIGNMENT CGC Eveready, Portsmouth, VA		g. IN TRANSIT TELEPHONE NO. (Include Area Code) 757 123-1234	
d. DATE OF ORDERS (YYMMDD) 03-12-19	e. ORDERS NUMBER 1204G84PRA123	f. PARAGRAPH NO.	
h. IN TRANSIT ADDRESS (Street, City, State, Zip Code) Rt 1 Box 1, Anytown, NY 01234			
9. PICKUP (ORIGIN) INFORMATION		10. DESTINATION INFORMATION	
a. ADDRESS (Street, Address, City, County, State, and Zip Code) (if mobile home, also include mobile home court name) U.S. Coast Guard Academy (GSK) New London, CT 06320		a. ADDRESS (Street, Address, City, County, State, and Zip Code) (if mobile home, also include mobile home court name) Rt 1 Box 1 Anytown, NY 01234	
b. PHONE NUMBER (Include Area Code) 203 444-1234		b. AGENT DESIGNATED TO RECEIVE PROPERTY Susie Smithe	
11. EXTRA PICKUP/DELIVERY ADDRESS (If applicable)			
12. SCHEDULED DATE (YYMMDD) FOR		a. PACK 04-01-15	b. PICKUP 04-01-15
		c. DELIVERY 04-02-02	
13. REMARKS			
14. I CERTIFY THAT NO OTHER SHIPMENTS AND / OR NONTEMPORARY STORAGE HAVE BEEN MADE UNDER THESE ORDERS EXCEPT AS INDICATED BELOW (if none, indicate "NONE.")			
a. FROM	b. TO	c. NET POUNDS (Actual or est.)	d. POUNDS OF PROFESSIONAL BOOKS, PAPERS, EQUIPMENT (Actual or est.)
15. CERTIFICATION OF SHIPMENT RESPONSIBILITIES / STORAGE CONDITIONS. I certify that I have read and understand my shipping responsibilities and storage conditions printed on page 2 of this form.			
a. SIGNATURE OF MEMBER/EMPLOYEE	b. DATE SIGNED	c. ADDRESS OF CONTRACTOR (Street, City, State and Zip Code)	
d. NAME OF CONTRACTOR (Origin DPM or non-temporary storage)			
16. CERTIFICATE IN LIEU OF SIGNATURE ON THIS FORM IS REQUIRED WHEN REGULATIONS SO AUTHORIZE. Property is baggage, household goods, mobile home, and/or professional books, papers and equipment authorized to be shipped at government expense.			
a. REASON FOR NONAVAILABILITY OF SIGNATURE		b. CERTIFIED BY (Signature)	
		c. TITLE	

DD FORM 1299, DEC 85

Effective June 1, 1986 all previous editions of this form are obsolete.

Figure 12C-20 DD-1299, Application for Shipment and/or Storage of Personal Property

DEPARTMENT OF TRANSPORTATION U.S. COAST GUARD CG-5131 (Rev. 11-94)		STANDARD TRAVEL ORDER FOR MILITARY PERSONNEL												
1. SSN 123-12-1234		2. NAME (Last Name, First Name, MI) SMITHE, S.N.				3. RATE/RANK ENS/O-1		4. CURRENT DUTY STATION US COAST GUARD ACADEMY						
5. LEAVE ADDRESS (Street / Address, City, State, Zip / Area Code & Phone) RT 1 BOX 1 ANYTOWN, NY 01234							6. TRANSFER AUTHORITY COMDT MSG 020023Z DEC 03							
7. TRAVEL AND PAY NECESSARY TO THE EXECUTION HEREOF IS REQUIRED IN THE PUBLIC INTEREST AND IS AUTHORIZED CHARGEABLE AGAINST:														
A G E N C Y	D I S T R I C T	A P P N C O D E	L I M C O D E	A L L O T F U N D	A L L O T L V L	P R O G R A M E L E M E N T	C O S T C E N T E R	O B J E C T C L A S S	D O C U M E N T I D E N T I F I C A T I O N N U M B E R			E S T I M A T E D C O S T	M I S C	
									T Y P E	F Y	N U M B E R			S U F F I X
2	P	401	299	21	0	RA	78040	2104	12	04	G84PRA123	000	1500.00	
8. DAYS AUTHORIZED DELAY EN ROUTE BY REGULATIONS OR ENDORSEMENT HEREON (Indicate number of days delay authorized): _____ TRAVEL TIME _____ PROCEED TIME _____ LEAVE (INCONUS) _____ LEAVE (OUTCONUS) _____ COMPENSATORY ABSENCE <u>30</u> NON CHARGEABLE ABSENCE _____ DATE LINE ADJUSTMENT														
9. PROCEED AND REPORT IN THE ORDER LISTED BELOW:						SCHEDULED DEPARTURE DATE:								
UNIT/STATION/PLACE						NATURE OF DUTY			TIME/DATE REPORTING					
COMMANDING OFFICER						FASDU			REP NLT 04 JAN 22					
USCGC EVEREADY						(OBC 12345B)								
						(BCN 1234567)								
10. REMARKS/AUTHORIZATIONS/ADDITIONAL INSTRUCTIONS: 7040610 AUTHORIZED ADVANCE MILEAGE AND PERDIEM AUTHORIZED 30 DAYS NONCHARGEABLE GRADUATION LEAVE MEMBERS HOME OF RECORD: ANYTOWN, NY SPM MOVE IS AUTHORIZED														
11. Member's Acknowledgement: I have been counselled on the appropriate provisions of the JFTR and Coast Guard Directives regarding my entitlements, and have had all my questions answered. If under PCS orders, I understand I must secure a "Release From Mandatory Assignment to Government Housing" from the Local Housing Authority (LHA) prior to procuring housing in the civilian sector of the area surrounding my new duty assignment. Further, I acknowledge receipt of these orders and understand that I must submit my travel claim for certification and liquidation purposes within 3 working days of either my PCS reporting, ADT greater than 20 weeks, or completion of travel in connection with my separation.														
12a. AUTHORIZING OFFICIAL (Name, Rate/Rank, Signature) R. K. GUARD, YNCS, USCG						12b. DATE 03DEC22		13a. MEMBER'S SIGNATURE AND PLACE ORDERS RECEIVED NEW LONDON, CT			13b. DATE 03DEC22			

Figure 12C-21 CG-5131, Standard Travel Order for Military Personnel

STATEMENT OF ACCESSORIAL SERVICES PERFORMED				Form Approved OMB No. 0704-0022 Expires Oct 31, 2001	
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.					
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, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0022), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. 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 ADDRESS.					
1. GOVERNMENT BILL OF LADING NUMBER ZY083754		2. DATE OF PICKUP AT ORIGIN (YYYYMMDD) 2003/06/12		16. ACCESSORIAL SERVICES	
3.a. NAME OF OWNER (Last, First, Middle Initial) (540) 693-6486		3.b. SSN 994-05-5800		16.1. PACKING, PACK MATERIALS AND UNPACKING (1)	
3.c. NAME OF OWNER (Last, First, Middle Initial) RIEDEL, ROBERT R.		3.d. RANK OR GRADE E-8		16.2. NUMBER (2)	
4. ORIGIN OF SHIPMENT SEE REMARKS		5. DESTINATION OF SHIPMENT SEE REMARKS		16.3. UNIT PRICE (3)	
6.a. ORDERING ACTIVITY/INSTALLATION NAME Fort Dix, NJ		6.b. LOCATION SEE REMARKS		16.4. CHARGE (4)	
7.a. NAME OF CARRIER APOLLO VAN LINES		7.b. NAME OF AGENT (Last, First, Middle Initial) ALLEN TRANSFER & STORAGE		a. DISH PACK 14	
8. SIGNATURE OF CARRIER'S REPRESENTATIVE		9. DATE (YYYYMMDD) 07-14-2003		b. CARTONS (Less than 3 cubic feet) 23	
10. CARRIER'S SHIPMENT REFERENCE NO. L-20980		11. AGENT OR DRIVER CODE 9480		c. CARTONS (3 cubic feet) 31	
12. PROFESSIONAL BOOKS, PAPERS AND EQUIPMENT (PBP&E) INCLUDED IN SHIPMENT (If not included, write "None")		LBS.		d. CARTONS (4-1/2 cubic feet) 20	
13. STORAGE-IN-TRANSIT (SIT)				e. CARTONS (8 cubic feet) 6.0	
a. STORED AT (1) CITY MOUNT HOLLY (2) STATE NJ		b. SIT SERVICES PROVIDED AT (X one) <input checked="" type="checkbox"/> ORIGIN <input type="checkbox"/> DESTINATION <input type="checkbox"/> OTHER <input type="checkbox"/>		f. CARTONS (8-1/2 cubic feet) 8	
c. IN 06-27-2003 d. ORDERED OUT 07-14-2003 e. DELIVERED OUT 07-14-2003		f. NUMBER OF DAYS 17 g. NET WEIGHT 9480		g. WARDROBE (Not less than 10 cubic feet) 8	
h. REQUESTED DELIVERY DATE (YYYYMMDD) 07-14-2003		i. SHIPMENT ORDERED INTO AND OUT OF SIT ON DATES INDICATED AND AUTHORIZED BY SIT CONTROL NO. 3178001		h. MATTRESS, CRIB	
j. WAS STORAGE POINT FOR CARRIER'S CONVENIENCE (X one) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				i. MATTRESS (Not exceeding 39" x 75")	
14. REWEIGH CERTIFICATION (If applicable)		a. NUMBER		j. MATTRESS (Not exceeding 54" x 75")	
b. ORIGINAL GROSS		c. REWEIGH GROSS		k. MATTRESS (39" x 80")	
d. ORIGINAL TARE		e. REWEIGH TARE		l. MATTRESS (Exceeding 54" x 75")	
f. ORIGINAL NET		g. REWEIGH NET		m. TOTAL	
15. APPLIANCES SERVICED (Owner/Agent must initial each entry separately.)				n. TOTAL SUBJECT MAX-PAK \$ 8 (cwt)	
TYPE a.	MAKE/MODEL NO./MANUFACTURER b.	OWNER/AGENT INITIALS c.		o. GRANDFATHER CLOCK CARTONS	
				p. CORRUGATED CONTAINERS (Special constr.) 8	
				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 9480/16 10997	
				bb. ELEVATOR/STAIR/EXCESS DISTANCE CHARGE 9480/237 21937	
				cc. SERVICING APPLIANCES/OTHER ARTICLES (As itemized and initialed in Item 15)	
				dd. OTHER (As itemized and initialed in Item 15)	
				ee. TOTAL ACCESSORIAL SERVICE CHARGES	
17. REMARKS ORIGIN:CA DESTINATION:300 LINDA ANNE AVE., N. CAPE MAY, NJ 08204 89 miles DISTANCE TO DOOR 80 FT. #STEPS 25ETS * need inside/outside #06 stairs/flights TIME:ARRIVED 1200 DEPARTED 4:30					
18. STATEMENT OF OWNER, MILITARY INSPECTOR/TRANSPORTATION OFFICER					
a. MATERIALS WERE FURNISHED/ACCESSORIAL SERVICES WERE PERFORMED		b. SIGNATURE (Do not sign until Carrier has completed column 16(2).)		c. DATE SIGNED (YYYYMMDD)	
<input checked="" type="checkbox"/> AT ORIGIN <input type="checkbox"/> OTHER (Explain)		Robert Riedel		20030714	
<input checked="" type="checkbox"/> AT DESTINATION					
19. TRANSPORTATION OFFICER CERTIFICATION. I CERTIFY THAT SHIPMENT SERVICES WERE ACCOMPLISHED AS SHOWN BELOW.					
a. SERVICES ACCOMPLISHED (X as applicable)		(3) REWEIGH CERTIFICATION		(6) WAITING TIME	
<input checked="" type="checkbox"/> (1) ACCESSORIAL SERVICES (Listed in Item 16)		<input type="checkbox"/>		<input type="checkbox"/>	
<input checked="" type="checkbox"/> (2) STORAGE IN TRANSIT		<input type="checkbox"/> (4) THIRD PARTY SERVICES		<input type="checkbox"/> (7) UNPACKING SERVICE (Baggage only)	
<input checked="" type="checkbox"/> (3) STORAGE IN TRANSIT		<input type="checkbox"/> (5) BULKY ARTICLE CHARGE		<input type="checkbox"/> (8) OVERTIME LOADING/UNLOADING CHARGE	
b. SIGNATURE OF TRANSPORTATION OFFICER Patricia Johnson		c. TITLE (Print or type) PATRICIA JOHNSON		d. DATE SIGNED (YYYYMMDD) 03 Sep 24	

DD FORM 619, OCT 1998 (EG)

PREVIOUS EDITION IS OBSOLETE.

Figure 12C-21a DD-619, Statement of Accessorial Services Performed