

MATERIAL INSPECTION AND RECEIVING REPORT

*Form Approved
OMB No. 0704-0248*

PUBLIC REPORTING BURDEN FOR THIS COLLECTION OF INFORMATION IS ESTIMATED TO AVERAGE 30 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 THE BURDEN ESTIMATE OR ANY OTHER ASPECT OF THIS COLLECTION OF INFORMATION, INCLUDING SUGGESTIONS FOR REDUCING THIS BURDEN, TO DEPARTMENT OF DEFENSE, WASHINGTON HEADQUARTERS SERVICES, DIRECTORATE FOR INFORMATION OPERATIONS AND REPORTS, 1215 JEFFERSON DAVIS HIGHWAY, SUITE 1204, ARLINGTON, VA 22202-4302, AND TO THE OFFICE OF MANAGEMENT AND BUDGET, PAPERWORK REDUCTION PROJECT (0704-0248), WASHINGTON, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO EITHER OF THESE ADDRESSES.
SEND THIS FORM IN ACCORDANCE WITH THE INSTRUCTIONS CONTAINED IN THE DFARS, APPENDIX F-401.**

1. PROCUREMENT INSTRUMENT IDENTIFICATION (CONTRACT)			(ORDER) NO.	6. INVOICE NUMBER/DATE	7. PAGE	OF	8. ACCEPTANCE POINT
2. SHIPMENT NO.	3. DATE SHIPPED	4. QA.		5. DISCOUNT TERMS			
9. PRIME CONTRACTOR			CODE	10. ADMINISTERED BY			CODE
11. SHIPPED FROM (if other than 9)			CODE	FOB.		12. PAYMENT MADE BY	
13. SHIPPED TO			CODE	FOB.		14. MARKED FOR	
13. SHIPPED TO			CODE	FOB.		14. MARKED FOR	

15. ITEM NO.	16. STOCK/PART NO. <small>(Indicate number of shipping containers - type of container - container number)</small>	DESCRIPTION	17. QUANTITY SHIP/REC'D*	18. UNIT	19. UNIT PRICE	20. AMOUNT
<div style="border-left: 1px dashed black; padding-left: 5px;"> <!-- Empty table for data entry --> </div>						

<p>21. CONTRACT QUALITY ASSURANCE</p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>A. ORIGIN</p> <p><input type="checkbox"/> CQA <input type="checkbox"/> ACCEPTANCE of listed items has been made by me or under my supervision and they conform to contract, except as noted herein or on supporting documents.</p> <p>_____ DATE SIGNATURE OF AUTHORIZED GOV'T REP</p> <p>TYPED NAME AND OFFICE</p> </td> <td style="width: 50%; vertical-align: top;"> <p>B. DESTINATION</p> <p><input type="checkbox"/> CQA <input type="checkbox"/> ACCEPTANCE of listed items has been made by me or under my supervision and they conform to contract, except as noted herein or on supporting documents.</p> <p>_____ DATE SIGNATURE OF AUTHORIZED GOV'T REP</p> <p>TYPED NAME AND TITLE</p> </td> </tr> </table>	<p>A. ORIGIN</p> <p><input type="checkbox"/> CQA <input type="checkbox"/> ACCEPTANCE of listed items has been made by me or under my supervision and they conform to contract, except as noted herein or on supporting documents.</p> <p>_____ DATE SIGNATURE OF AUTHORIZED GOV'T REP</p> <p>TYPED NAME AND OFFICE</p>	<p>B. DESTINATION</p> <p><input type="checkbox"/> CQA <input type="checkbox"/> ACCEPTANCE of listed items has been made by me or under my supervision and they conform to contract, except as noted herein or on supporting documents.</p> <p>_____ DATE SIGNATURE OF AUTHORIZED GOV'T REP</p> <p>TYPED NAME AND TITLE</p>	<p>22. RECEIVER'S USE</p> <p>Quantities shown in column 17 were received in apparent good condition except as noted.</p> <p>_____ DATE SIGNATURE OF AUTHORIZED GOV'T REP</p> <p>TYPED NAME AND OFFICE</p> <p><small>* If quantity received by the Government is the same as the quantity shipped, indicate by () mark; if different, enter actual quantity received below quantity shipped and encircle.</small></p>
<p>A. ORIGIN</p> <p><input type="checkbox"/> CQA <input type="checkbox"/> ACCEPTANCE of listed items has been made by me or under my supervision and they conform to contract, except as noted herein or on supporting documents.</p> <p>_____ DATE SIGNATURE OF AUTHORIZED GOV'T REP</p> <p>TYPED NAME AND OFFICE</p>	<p>B. DESTINATION</p> <p><input type="checkbox"/> CQA <input type="checkbox"/> ACCEPTANCE of listed items has been made by me or under my supervision and they conform to contract, except as noted herein or on supporting documents.</p> <p>_____ DATE SIGNATURE OF AUTHORIZED GOV'T REP</p> <p>TYPED NAME AND TITLE</p>		

23. CONTRACTOR USE ONLY