

WAS ITEM RECEIVED?	NAME OF ITEM AND DESCRIPTION (Specifications, Size, etc.)	QUANTITY (Set, Pair, etc.)	DATE OF RECEIPT
<input type="checkbox"/> Yes <input type="checkbox"/> No			- -
<input type="checkbox"/> Yes <input type="checkbox"/> No			- -
<input type="checkbox"/> Yes <input type="checkbox"/> No			- -
<input type="checkbox"/> Yes <input type="checkbox"/> No			- -
<input type="checkbox"/> Yes <input type="checkbox"/> No			- -
<input type="checkbox"/> Yes <input type="checkbox"/> No			- -
<input type="checkbox"/> Yes <input type="checkbox"/> No			- -
<input type="checkbox"/> Yes <input type="checkbox"/> No			- -

COMMENTS ON ANY DAMAGED ITEM LISTED ABOVE (Use this space to comment on any item that was damaged upon receipt. If the item was not accepted due to the damage, please indicate this. If more space is needed, additional pages may be attached).

SECTION III: CERTIFICATION AND SIGNATURE

I CERTIFY THAT I have filled this form out completely and that it is true and correct to the best of my knowledge and belief.

4A. CLAIMANT'S SIGNATURE (**REQUIRED**)

4B. DATE SIGNED (MM/DD/YYYY)

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PENALTY: The law provides severe penalties (including fine and/or imprisonment) for willfully submitting any statement or evidence of a material fact you know to be false, or for fraudulent receipt of any document you are not entitled to.

PRIVACY ACT NOTICE: The responses you submit are considered confidential (38 U.S.C. 5701). Your obligation to respond is required in order to obtain benefits. VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Information that you furnish may be utilized in computer matching programs with other Federal or State agencies for the purpose of determining your eligibility to receive VA benefits, as well as to collect any amount owed to the United States by virtue of your participation in any benefit program administered by the Department of Veterans Affairs.

RESPONDENT BURDEN: This form is used by the claimant to verify receipt of supplies and/or equipment provided by the VA (38 U.S.C. 3104). Title 38, United States Code, allows VA to ask for this information. We estimate that you will need an average of 10 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid Office of Management and Budget (OMB) control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.