

MATERIAL INSPECTION AND RECEIVING REPORT

*Form Approved
OMB No. 0704-0248*

The 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 this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services and Communications Directorate (0704-0248). 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 COMPLETED FORM TO THE ABOVE ORGANIZATION.
SEND THIS FORM IN ACCORDANCE WITH THE INSTRUCTIONS CONTAINED IN THE DFARS, APPENDIX F-401.**

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

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

21. CONTRACT QUALITY ASSURANCE

a. ORIGIN

CQA 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.

b. DESTINATION

CQA 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.

DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____

TYPED NAME: _____

TITLE: _____

MAILING ADDRESS: _____

COMMERCIAL TELEPHONE NUMBER: _____

DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____

TYPED NAME: _____

TITLE: _____

MAILING ADDRESS: _____

COMMERCIAL TELEPHONE NUMBER: _____

22. RECEIVER'S USE

Quantities shown in column 17 were received in apparent good condition except as noted.

DATE RECEIVED _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____

TYPED NAME: _____

TITLE: _____

MAILING ADDRESS: _____

COMMERCIAL TELEPHONE NUMBER: _____

** If quantity received by the Government is the same as quantity shipped, indicate by (X) mark; if different, enter actual quantity received below quantity shipped and encircle.*

23. CONTRACTOR USE ONLY