FORM CD-400 (REV. 2-00) LF		INVOICE—RE	CEIPT	CERTIFI	CATION		U.S. DEF	PARTMENT OF COMMERCE	
SEE REVERSE FOR COMPLETION AND MAILING INSTRUCTIONS.									
1. PURCHASE ORDER NUMBER 2. TYPE SHIPMENT 3. DATE (3. DATE GOO	DS RECEIVED	4. DATE INVOICE RECEIVED 5. DAT			GOODS ACCEPTED*	
6. VENDOR INVOICE NUMBER 7. VENDOR NAME		1		1		•			
* ACCEP	TANCE OF MORE TH	AN 7 DAYS FROM DATE	RECEIVED	MUST BE AU	THORIZED C	N CD-404			
8. LINE ITEM NO.	9. DESCRIPTION					10. QUANTITY/UNIT ISSUE		11. DOLLAR AMOUNT	
		vices listed above have bee	en received, i		eccepted as co	mplying with th	ne refere	nced order.	
21. SIGNATURE				+ Non-Merchandise Charge					
ADDRESS				13. + Freight					
DATE		PHONE (Area Code and Numb	oer)		+ Federal Excise Tax				
REMARKS					+ State or Local Tax				
					16. Subtotal				
				17.	- Trade-In				
					18 Discount				
			19.	- Credit					
				20.		T	OTAL		

INSTRUCTIONS FOR FORM CD-406

A separate CD-406 is required for each invoice

If 5th position of Receiving Office No. (Block 2 on Purchase Order) is an "M", you are one of several offices receiving goods or services from this order and must always enter a "P" in the "Type Shipment" block.

Use this form only if the Purchase Order number begins with "43".

If order number begins with "40", use either the green "receipt copy" of the Purchase Order or the form, Partial Receipt Notification, CD-405.

If order number begins with a "41" or "42," no receipt report is required.

FORM CD-404 (REV. 11-89)	U.S. DEPA	ARTMENT OF COMMERCE	SUPPLY	, EQUIPMENT, OR SER	must appear on all invoices and packages. Freight charge over \$100	6. ORDER NUMBER 43SAAA012345	
1.	2. RECEIVING OFFICE NO.	3. CONTRACT ORDERED AGAINST		A. PURCHASE ORDER (See Reverse)			DELIVERY ORDER (See Block 3)
PAGE 1 of 1	31834MO2					requires Bill of Lading	7. SUB

THE FOLLOWING INSTRUCTIONS CORRESPOND TO THE NUMBERED BLOCKS ON THE FRONT OF THE FORM.

- Enter the Purchase Order Number from Block 6 of the Purchase Order.
- If you have received only part of the order (you expect another shipment) enter "P" in "Type Shipment". If this shipment completes the order, enter a "C" in "Type Shipment".
- 3. Enter the date the goods or services were received.
- 4. Enter the date the invoice was received.
- Enter the date the goods are accepted. Acceptance of more than 7 days from receipt date must be authorized on form CD-404.
- Enter the vendors invoice number. If none, enter none.
 Prepare a separate form for each invoice received.
- Enter the name of the vendor to whom payment will be made.

FOLLOW NO. 8 THRU 11 FOR EACH LINE ITEM RECEIVED.

- Enter the appropriate line item number (Block 12 of the Purchase Order).
- Enter a brief description of the goods or services (Block 14 of the Purchase Order).
- Enter the quantity received and unit of issue for each line item.
- 11. Enter the dollar amount for each line item received. If the amount does not agree with the amount charged on the invoice, explain in "Remarks" area.

- 12. Enter the total of the charges shown on the invoice which were designated as non-merchandise on the Purchase Order if payable. If not payable, enter "O" and explain in "Remarks" area.
- 13. Enter the total amount charged for freight if authorized. Postage and handling charges can be considered as freight. If freight is not authorized, enter "O" and explain in "Remarks" area.
- 14. Enter the total Federal excise tax as shown on invoice if tax charged is proper. If tax charged, but Government exempt, enter "O" and explain in "Remarks" area.
- 15. Enter the total state or local tax as shown on invoice if tax charged is proper. If tax charged, but Government exempt, enter "O" and explain in "Remarks" area.
- 16. Enter the sum of all the dollar amount for each line item.
- 17. Enter the total amount allowed for trade-in. (Combine the amounts if more than one trade-in is given).
- 18. Enter the total discount amount shown on the invoice.
- 19. Enter the total credit indicated on the invoice.
- Enter the total amount to be paid to the vendor. If this amount differs from the total charged by vendor, explain in "Remarks" area.
- 21. Sign your name and the date you prepare this form. Enter the phone number where you can be reached for additional information.

BE SURE TO ATTACH INVOICE TO THIS FORM

ATTACH INVOICE TO THIS FORM AND MAIL TO ONE OF THE FOLLOWING FINANCE OFFICES:

Germantown, MD (MSC)

U.S. Department of Commerce Management Service Center/PO Caller Service Number 4025 Germantown, MD 20874

Norfolk, VA (EASC)

U.S. Department of Commerce Eastern Administrative Support Center (EASC) Mail Code RAS/ECI 253 Monticello Avenue Norfolk, VA 23510

Kansas City, MO (CASC)

U.S. Department of Commerce Central Administrative Support Center (CASC) Division of Finance Mail Code RAS/CCI 601 East 12th Street Kansas City, MO 64106

Boulder, CO (MASC)

Boulder, CO 80303

U.S. Department of Commerce Mountain Administrative Support Center (MASC) Finance Center Mail Code RAS/MCI 325 Broadway

Seattle, WA (WASC)

U.S. Department of Commerce Western Administrative Support Center (WASC) Finance Division Mail Code RAS/WCI 7600 Sand Point Way, NE Seattle, WA 98115