

MATERIAL INSPECTION AND RECEIVING REPORT						FORM APPROVED							
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. PROC. INSTRUMENT IDEN. (CONTRACT)			(ORDER) NO.		6. INVOICE NO./DATE		7. PAGE OF	8. ACCEPTANCE POINT					
2. SHIPMENT NO.		3. DATE SHIPPED		4. B/L			5. DISCOUNT TERMS						
9. PRIME CONTRACTOR				CODE		10. ADMINISTERED BY				CODE			
11. SHIPPED FROM (If other than 9)						CODE		12. PAYMENT WILL BE MADE BY				CODE	
13. SHIPPED TO						CODE		14. MARKED FOR				CODE	
15. ITEM NO.	16. STOCK/PART NO.		DESCRIPTION			17. QUANTITY SHIP/REC'D*	18. UNIT	19. UNIT PRICE		20. AMOUNT			
21. CONTRACT QUALITY ASSURANCE						22. RECEIVERS USE							
<p style="text-align: center;">A. ORIGIN</p> <p>___ CQA ___ ACCEPTANCE of listed items has been made by me or under my supervision and they conform to contract, except as noted herein or o supporting documents</p> <p>_____</p> <p>DATE RECEIVED SIGNATURE OF AUTH GOVT REP</p> <p>TYPED NAME AND OFFICE</p>				<p style="text-align: center;">B. DESTINATION</p> <p>___ CQA ___ ACCEPTANCE of listed items has been made by me or under my supervision and they conform to contract, except as noted herein or o supporting documents</p> <p>_____</p> <p>DATE RECEIVED SIGNATURE OF AUTH GOVT REP</p> <p>TYPED NAME AND OFFICE</p>				<p>QUANTITIES SHOWN IN COLUMN 17 WERE RECEIVED IN APPARENT GOOD CONDITION EXCEPT AS NOTED.</p> <p>DATE RECEIVED SIGNATURE OF AUTH GOVT REP</p> <p>TYPED NAME AND OFFICE</p>					
23. CONTRACTOR USE ONLY													