

# 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 Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0248), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. 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 EITHER OF THESE ADDRESSES.  
SEND THIS FORM IN ACCORDANCE WITH THE INSTRUCTIONS CONTAINED IN THE DFARS, APPENDIX F-401.**

<b>1. PROCUREMENT INSTRUMENT IDENTIFICATION (CONTRACT) NO.</b>		ORDER NO.	<b>6. INVOICE NO./DATE</b> T1	7. PAGE 1	OF 2	<b>8. ACCEPTANCE POINT</b>
<b>2. SHIPMENT NO.</b>	<b>3. DATE SHIPPED</b> 29 Jul 2004	<b>4. B/L</b> TCN		<b>5. DISCOUNT TERMS</b>		
<b>9. PRIME CONTRACTOR</b> CODE		<b>10. ADMINISTERED BY</b> CODE				
<b>11. SHIPPED FROM</b> (If other than CODE)		FOB:		<b>12. PAYMENT WILL BE MADE BY</b> CODE		
<b>13. SHIPPED TO</b> CODE		<b>14. MARKED FOR</b> CODE				

15. ITEM NO.	16. STOCK/PART NO.	DESCRIPTION <i>(Indicate number of shipping containers - type of container - container number.)</i>	17. QUANTITY SHIP/REC'D*	18. UNIT	19. UNIT PRICE	20. AMOUNT

<p><b>21. CONTRACT QUALITY ASSURANCE</b></p> <p><b>a. ORIGIN</b>  <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><b>b. DESTINATION</b>  <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><b>22. RECEIVER'S USE</b>                  Quantities shown in column 17 were received in apparent good condition except as noted.</p> <p>DATE RECEIVED: _____                  TYPED NAME: _____                  TITLE: _____                  MAILING ADDRESS: _____                  COMMERCIAL TELEPHONE NUMBER: _____</p> <p style="font-size: small;">* 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.</p>
<p>DATE: _____                  TYPED NAME: _____                  TITLE: _____                  MAILING ADDRESS: _____                  COMMERCIAL TELEPHONE NUMBER: _____</p>	<p>DATE: _____                  TYPED NAME: _____                  TITLE: _____                  MAILING ADDRESS: _____                  COMMERCIAL TELEPHONE NUMBER: _____</p>

**23. CONTRACTOR USE ONLY**