

MATERIAL INSPECTION AND RECEIVING REPORT

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20240131

The public reporting burden for this collection of information is estimated to average 3 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, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. 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.	2. SHIPMENT NO.	3. DATE SHIPPED (YYYYMMDD)	4. B/L _____ TCN
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5. DISCOUNT TERMS	6. INVOICE NO.	DATE (YYYYMMDD)	7. PAGE	OF		8. ACCEPTANCE POINT
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9. PRIME CONTRACTOR CODE : _____	10. ADMINISTERED BY CODE : _____
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11. SHIPPED FROM (If other than 9) CODE : _____ FOB: _____	12. PAYMENT WILL BE MADE BY CODE : _____
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13. SHIPPED TO CODE : _____	14. MARKED FOR CODE : _____
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15. ITEM NO.	16. STOCK/PART NUMBER AND DESCRIPTION <small>(Indicate number of shipping containers - type of container - container number.)</small>	17. QUANTITY SHIPPED/RECEIVED*	18. UNIT	19. UNIT PRICE	20. AMOUNT
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			

<p>21. CONTRACT QUALITY ASSURANCE</p> <p>a. ORIGIN <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. _____ DATE (YYYYMMDD) SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE</p> <p>b. DESTINATION <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. _____ DATE (YYYYMMDD) SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE</p> <p>TYPED NAME: _____ TITLE: _____ MAILING ADDRESS: _____</p> <p>COMMERCIAL TELEPHONE NUMBER: _____</p>	<p>22. RECEIVER'S USE</p> <p>Quantities shown in column 17 were received in apparent good condition except as noted.</p> <p>_____ DATE (YYYYMMDD) SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE</p> <p>TYPED NAME: _____ TITLE: _____ MAILING ADDRESS: _____</p> <p>COMMERCIAL TELEPHONE NUMBER: _____</p> <p><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.</small></p>
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23. CONTRACTOR USE ONLY
