

**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 THE ABOVE ADDRESS.  
SEND THIS FORM IN ACCORDANCE WITH THE INSTRUCTIONS CONTAINED IN THE DFARS, APPENDIX F-401.**

1. PROCUREMENT INSTRUMENT IDENTIFICATION (CONTRACT) NO. DADA##-##-P-#### W51#####		ORDER NO.	6. INVOICE NO./DATE 001 3 Jan 01	7. PAGE OF 1 1	8. ACCEPTANCE POINT
2. SHIPMENT NO.	3. DATE SHIPPED	4. B/L TCN	5. DISCOUNT TERMS NET 30		
9. PRIME CONTRACTOR CODE XYZ Corp (Address) (Phone #)		CCR# DUN #	10. ADMINISTERED BY CODE Contracting Office (Address) (Phone #)		DADA##
11. SHIPPED FROM (If other than 9) CODE Name Address Phone #		FOB:	12. PAYMENT WILL BE MADE BY CODE DFAS Address		
13. SHIPPED TO CODE Medical Activity Name Address		14. MARKED FOR CODE Accounting Classification goes here			

15. ITEM NO.	16. STOCK/PART NO. DESCRIPTION (Indicate number of shipping containers - type of container - container number.)	17. QUANTITY SHIP/REC'D*	18. UNIT	19. UNIT PRICE	20. AMOUNT
1	Required Field. Must include description of supplies delivered or services performed	Required Field		Amount is computed when unit price is entered.	
2	Required Field.	Quantity Received			
Complete Block 21A if the contract requires acceptance at Origin. Complete Block 21B if the contract requires acceptance at Destination. (Block 21B Required)					

<b>21. CONTRACT QUALITY ASSURANCE</b> a. ORIGIN <input type="checkbox"/> CQA <input checked="" 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. REQ FLD REQUIRED FIELD DATE SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE TYPED NAME: REQUIRED FIELD TITLE: REQUIRED FIELD MAILING ADDRESS: REQUIRED FIELD COMMERCIAL TELEPHONE NUMBER: REQUIRED FIELD		b. DESTINATION <input type="checkbox"/> CQA <input checked="" 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. REQ FLD REQUIRED FIELD DATE SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE TYPED NAME: REQUIRED FIELD TITLE: REQUIRED FIELD MAILING ADDRESS: REQUIRED FIELD COMMERCIAL TELEPHONE NUMBER: REQUIRED FIELD		<b>22. RECEIVER'S USE</b> Quantities shown in column 17 were received in apparent good condition except as noted. REQUIRED FIELD REQ FLD DATE RECEIVED SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE TYPED NAME: Required Field TITLE: REQUIRED FIELD MAILING ADDRESS: REQUIRED FIELD COMMERCIAL TELEPHONE NUMBER: REQUIRED FIELD * 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.	
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**23. CONTRACTOR USE ONLY**