MATERIAL INSPECTION AND RECEIVING REPORT

OMB No. 0704-0248
OMB approval expires: 20270131

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

5. DISCOUNT TERMS	6. INVOICE NO.	DATE *(YYYYMMDD)*	7. PAGE	OF	8. ACCEPTANCE POINT

9. PRIME CONTRACTOR	CODE:	10. ADMINISTERED BY	CODE:

11. SHIPPED FROM *(If other than 9)*	CODE:	FOB:	12. PAYMENT WILL BE MADE BY	CODE:

13. SHIPPED TO	CODE:	14. MARKED FOR	CODE:

15. ITEM NO.		16. STOCK/PART NUMBER AND DESCRIPTION *(Indicate number of shipping containers - type of container - container number.)*	17. QUANTITY SHIPPED/RECEIVED*	18. UNIT	19. UNIT PRICE	20. AMOUNT
			☐			
			☐			
			☐			
			☐			
			☐			
			☐			

21. CONTRACT QUALITY ASSURANCE

a. ORIGIN

☐ CQA ☐ 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

TYPED NAME:

TITLE:

MAILING ADDRESS:

COMMERCIAL TELEPHONE NUMBER:

b. DESTINATION

☐ CQA ☐ 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

TYPED NAME:

TITLE:

MAILING ADDRESS:

COMMERCIAL TELEPHONE NUMBER:

22. RECEIVER'S USE

Quantities shown in column 17 were received in apparent good condition except as noted.

DATE *(YYYYMMDD)* | SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE

TYPED NAME:

TITLE:

MAILING ADDRESS:

COMMERCIAL TELEPHONE NUMBER:

** 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.*

23. CONTRACTOR USE ONLY