

MATERIAL INSPECTION AND RECEIVING REPORTOMB No. 0704-0248
OMB approval expires:
20270131

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	
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						22. RECEIVER'S USE					
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.			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.			Quantities shown in column 17 were received in apparent good condition except as noted.					
DATE (YYYYMMDD) SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE			DATE (YYYYMMDD) SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE			DATE (YYYYMMDD) SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE					
TYPED NAME:			TYPED NAME:			TYPED NAME:					
TITLE:			TITLE:			TITLE:					
MAILING ADDRESS:			MAILING ADDRESS:			MAILING ADDRESS:					
COMMERCIAL TELEPHONE NUMBER:			COMMERCIAL TELEPHONE NUMBER:			COMMERCIAL TELEPHONE NUMBER:					
23. CONTRACTOR USE ONLY											