

MATERIAL INSPECTION AND RECEIVING REPORT						Form Approved OMB No. 0704-0248								
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 this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0248), Washington DC 20503.														
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.														
1. PROC. INSTRUMENT IDEN. (CONTRACT)			(ORDER) NO.		6. INVOICE NO./DATE		7. PAGE	OF	8. ACCEPTANCE POINT					
2. SHIPMENT NO.		3. DATE SHIPPED		4. B/L TCN			5. DISCOUNT TERMS							
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 NO. <small>(Indicate number of shipping containers - type of container - container number.)</small>			DESCRIPTION		17. QUANTITY SHIP/REC'D*		18. UNIT		19. UNIT PRICE		20. AMOUNT	
21. CONTRACT QUALITY ASSURANCE <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px; vertical-align: top;"> 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. <div style="display: flex; justify-content: space-between;"> DATE SIGNATURE OF AUTH GOV'T REP </div> <div style="display: flex; justify-content: space-between;"> TYPED NAME AND OFFICE </div> </td> <td style="width: 50%; padding: 5px; vertical-align: top;"> 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. <div style="display: flex; justify-content: space-between;"> DATE SIGNATURE OF AUTH GOV'T REP </div> <div style="display: flex; justify-content: space-between;"> TYPED NAME AND TITLE </div> </td> </tr> </table>								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. <div style="display: flex; justify-content: space-between;"> DATE SIGNATURE OF AUTH GOV'T REP </div> <div style="display: flex; justify-content: space-between;"> TYPED NAME AND OFFICE </div>	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. <div style="display: flex; justify-content: space-between;"> DATE SIGNATURE OF AUTH GOV'T REP </div> <div style="display: flex; justify-content: space-between;"> TYPED NAME AND TITLE </div>	22. RECEIVER'S USE Quantities shown in column 17 were received in apparent good condition except as noted. <div style="display: flex; justify-content: space-between;"> DATE RECEIVED SIGNATURE OF AUTH GOV'T REP </div> <div style="display: flex; justify-content: space-between;"> TYPED NAME AND OFFICE </div>				
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23. CONTRACTOR USE ONLY														