

MATERIAL INSPECTION AND RECEIVING REPORT										<i>Form Approved</i> <i>OMB No. 0704-0248</i>					
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.				DESCRIPTION		17. QUANTITY SHIP/REC'D*		18. UNIT		19. UNIT PRICE		20. AMOUNT	
(Indicate number of shipping containers - type of container - container number.)															
21. CONTRACT QUALITY ASSURANCE <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>A. ORIGIN</p> <p><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.</p> <p>____ DATE _____ SIGNATURE OF AUTH GOV'T REP</p> <p>TYPED NAME AND OFFICE</p> </div> <div style="width: 48%;"> <p>B. DESTINATION</p> <p><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.</p> <p>____ DATE _____ SIGNATURE OF AUTH GOV'T REP</p> <p>TYPED NAME AND TITLE</p> </div> </div>												22. RECEIVER'S USE Quantities shown in column 17 were received in apparent good condition except as noted.			
23. CONTRACTOR USE ONLY												DATE RECEIVED _____ SIGNATURE OF AUTH GOV'T REP TYPED NAME AND OFFICE <i>* If quantity received by the Government is the same as quantity shipped, indicate by (✓)mark; if different, enter actual quantity received below quantity shipped and encircle.</i>			