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.	ORDER NO.	6. INVOICE NO./DATE	7. PAGE	OF	8. ACCEPTANCE POINT
DRMACD-2087-N001	IMPAC	IMPAC	1	1	FLW

2. SHIPMENT NO.	3. DATE SHIPPED	4. B/L	5. DISCOUNT TERMS
1ST & FINAL		TCN	N/A

9. PRIME CONTRACTOR CODE
ABC COMPANY
3312 N. MAIN ST
ST LOUIS, MO 65765

10. ADMINISTERED BY CODE

11. SHIPPED FROM *(if other than 9)* CODE FOB:

12. PAYMENT WILL BE MADE BY CODE
DOC IMPAC CARD/ACCOMMODATION CHECK

13. SHIPPED TO CODE
FIRE DEPARTMENT
100 FIRST STREET
FORT LEONARD WOOD, MO 65473

14. MARKED FOR CODE

15. ITEM NO.		17. QUANTITY SHIP/REC'D*	18. UNIT	19. UNIT PRICE	20. AMOUNT
		5	EA	175.000	875.00
		5	EA	250.000	1,250.00

SAMPLE

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 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.

14MAR2002
DATE SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE
TYPED NAME: SPC SMITH
TITLE: SUPPLY SGT
MAILING ADDRESS: FIRE DEPARTMENT
100 FIRST ST
FORT LEONARD
COMMERCIAL TELEPHONE NUMBER: 573-596-0000, EXT 6-1234

22. RECEIVER'S USE
Quantities shown in column 17 were received in apparent good condition except as noted.

14MAR2002
DATE RECEIVED SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE
TYPED NAME: SPC SMITH
TITLE: SUPPLY SGT
MAILING ADDRESS: FIRE DEPARTMENT
100 FIRST ST
FORT LEONARD
COMMERCIAL TELEPHONE NUMBER: 573-596-0000, EXT 6-1234

** 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