

# SF 1449 Instructions

Block 2 Contract/purchase order number

Block 19 Line item taken from contract/purchase order

Block 20 Item description

Block 21 Quantity received

Block 24 \$ Amount received

Block 32a Check “Received” and “Accepted” Blocks

Block 32b Signature, printed name, title, phone #, and mailing address of accepting official (use the block below if needed to fit all information)

Block 32c Date supplies/services were accepted

Block 33 Check “Partial” or “Final” block

Block 42a Printed name of receiving official

Block 42c Date supplies/services were received

<b>SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS</b>				1. REQUISITION NUMBER		PAGE 1 OF	
<b>OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, &amp; 30</b>							
2. CONTRACT NO. DABTXX-XX-X-XXXX		3. AWARD/EFFECTIVE DATE		4. ORDER NUMBER		5. SOLICITATION NUMBER	
7. FOR SOLICITATION INFORMATION CALL:		a. NAME		b. TELEPHONE NUMBER (No collect calls)		6. SOLICITATION ISSUE DATE	
9. ISSUED BY		CODE		10. THIS ACQUISITION IS		11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED	
SAMPLE				<input checked="" type="checkbox"/> UNRESTRICTED <input type="checkbox"/> SET ASIDE:      % FOR <input type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> SMALL DISAV. BUSINESS <input type="checkbox"/> 8(A)		<input type="checkbox"/> SEE SCHEDULE 13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700)	
				SIC:		13b. RATING	
15. DELIVER TO		CODE		16. ADMINISTERED BY		CODE	
USACHL&MPCEN&FM Internal Review & Audit Com Fort McClellan AL 36205-5000				USACHL&MPCEN&FM Directorate of Contracting Fort McClellan AL 36205-5000			
17a. CONTRACTOR/ OFFEROR		CODE		18a. PAYMENT WILL BE MADE BY		CODE	
NITELINES USA INC 1205 Commercial Park Drive Tallahassee FL 32303 TELEPHONE NO. 904-386-1493		FACILITY CODE		DFAS Lawton - Ft. Sill OPLOC 4700 Mow-Way Road, Dept 1791 Ft. Sill OK 73503-1791			
<input type="checkbox"/> 17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER				18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELOW IS CHECKED		<input type="checkbox"/> SEE ADDENDUM	
19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT		
0001	Copier Paper	10	bx	12.00	120.00		
<i>(Attach Additional Sheets as Necessary)</i>							
25. ACCOUNTING AND APPROPRIATION DATA						26. TOTAL AWARD AMOUNT (For Govt. Use Only)	
<input type="checkbox"/> 27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4. FAR 52.212-3 AND 52.212-5 ARE ATTACHED. ADDENDA						<input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED	
<input type="checkbox"/> 27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4. FAR 52.212-5 IS ATTACHED. ADDENDA						<input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED	
28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN _____ COPIES				29. AWARD OF CONTRACT: REFERENCE _____ OFFER			
<input type="checkbox"/> TO ISSUING OFFICE. CONTRACTOR AGREES TO FURNISH AND DELIVER ALL ITEMS SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND ON ANY ADDITIONAL SHEETS SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED HEREIN.				<input type="checkbox"/> DATED _____ YOUR OFFER ON SOLICITATION (BLOCK 5), INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH HEREIN, IS ACCEPTED AS TO ITEMS:			
30a. SIGNATURE OF OFFEROR/CONTRACTOR				31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER)			
30b. NAME AND TITLE OF SIGNER (Type or print)		30c. DATE SIGNED		31b. NAME OF CONTRACTING OFFICER (Type or print)		31c. DATE SIGNED	
32a. QUANTITY IN COLUMN 21 HAS BEEN				33. SHIP NUMBER		34. VOUCHER NUMBER	
<input checked="" type="checkbox"/> RECEIVED <input type="checkbox"/> INSPECTED <input checked="" type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT, EXCEPT AS NOTED				<input checked="" type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		35. AMOUNT VERIFIED CORRECT FOR	
32b. SIGNATURE OF AUTHORIZED GOVT. REPRESENTATIVE				36. PAYMENT		37. CHECK NUMBER	
John Doe/Chief DOL Supply Div 910-445-5555				<input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL			
32c. DATE				38. S/R ACCOUNT NUMBER		39. S/R VOUCHER NUMBER	
2/10/00				40. PAID BY			
41a. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT				42a. RECEIVED BY (Print)			
41b. SIGNATURE AND TITLE OF CERTIFYING OFFICER				Michael Myers			
Address same as block 15				42b. RECEIVED AT (Location)			
41c. DATE				42c. DATE REC'D (YY/MM/DD)		42d. TOTAL CONTAINERS	
				00/02/10			

AUTHORIZED FOR LOCAL REPRODUCTION

SEE REVERSE FOR OMB CONTROL NUMBER AND PAPERWORK BURDEN STATEMENT

STANDARD FORM 1449 (10-95) Prescribed by GSA - FAR (48 CFR) 53.212

NOTE FOR BLOCK 32b: Accepting Official's mailing address must be included if different from the deliver to address in block 15.

# DD 1155 Instructions

- Block 1 Contract/purchase order number
- Block 18 Line item taken from contract/purchase order
- Block 19 Item description
- Block 20 Quantity received
- Block 23 \$ amount received
- Block 26 Date goods/svcs were accepted  
Check “received” and “accepted” blocks  
Signature, printed name, title, mailing address,  
and phone number of accepting official. Use the  
block below if needed to fit all information.
- Block 27 Check “Partial” or “Final”
- Block 38 Printed name of receiving official
- Block 39 Date goods/services were received

# DD 1155: Final Receiver

If your activity received less than the full contracted amount and the delivery is complete:

- Mark “Final” in block 27
- Line through the contract total dollar amount and enter the adjusted total amount that should be paid.
- Include all pages and adjust quantities and dollar amounts on each CLIN so that total of CLIN’s equals your adjusted contract total on the 1155.

Follow all other instructions for completing DD 1155.

ORDER FOR SUPPLIES OR SERVICES					PAGE 1 OF 1	
1. CONTRACT/PURCH ORDER/AGREEMENT NO. DABTXX-XX-X-XXXX		2. DELIVERY ORDER/CALL NO.		3. DATE OF ORDER/CALL (YYYYMMDD)	4. REQUISITION/PURCH REQUEST NO. See Schedule	5. PRIORITY
6. ISSUED BY Contracting Office Contracting Address			7. ADMINISTERED BY (If other than G)		8. DELIVERY FOB <input checked="" type="checkbox"/> DESTINATION <input type="checkbox"/> OTHER (See Schedule if other)	
9. CONTRACTOR NAME AND ADDRESS Vendor's Name Vendor's Address			10. DELIVER TO FOB POINT BY (Date) (YYYYMMDD) 2000APR15		11. X IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED	
14. SHIP TO DOL - Supply & Svcs Div Bldg T-19 Ft. Meade MD 20755			15. PAYMENT WILL BE MADE BY DFAS Lawton - Ft. Sill OPLOC 4700 Mow-Way Road, Dept 1791 Ft. Sill, OK 73503-1791		13. MAIL INVOICES TO THE ADDRESS IN BLOCK See Block 15	
16. TYPE OF ORDER DELIVERY CALL: This delivery order/call is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract. PURCHASE: Reference your _____ furnish the following on terms specified herein. ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.						
NAME OF CONTRACTOR		SIGNATURE		TYPED NAME AND TITLE		DATE SIGNED (YYYYMMDD)
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE 21X4991.0276 76 Mat Cat V S18043						
18. ITEM NO.	19. SCHEDULE OF SUPPLIES/SERVICES	20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT	
1	Adhesive Tape - porous 2" W23A7C-0061-5001	4	cs	38.50	154.00	
2	Softballs - Stock #34 W23A7C-0061-5003	50	ea	1.10	55.00	
3	Base Pads - Stock #N71	60	ea	8.40	504.00	
*If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.				24. UNITED STATES OF AMERICA	25. TOTAL	713.00
26. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input checked="" type="checkbox"/> RECEIVED <input checked="" type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED				27. SHIP. NO.	28. D.O. VOUCHER NO.	29. DIFFERENCES
2/10/00 John Doe Chief DOL 315-448-0100 DATE SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE				<input checked="" type="checkbox"/> PARTIAL <input checked="" type="checkbox"/> FINAL	32. PAID BY	30. INITIALS
38. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT. Address same as block 14				31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL	33. AMOUNT VERIFIED CORRECT FOR	34. CHECK NUMBER
37. RECEIVED AT Michael Myers				39. DATE RECEIVED (YYYYMMDD) 2000FEB10	40. TOTAL CONTAINERS	35. BILL OF LADING NO.
38. RECEIVED BY (Print)				41. S/R ACCOUNT NUMBER	42. S/R VOUCHER NO.	

# DD 250 Instructions

- Block 1 Contract/purchase order number
- Block 15 Line item taken from contract/purchase order
- Block 16 Item description
- Block 17 Quantity received
- Block 20 \$ amount received
- Block 21b Check “acceptance” block  
Enter date goods/services were accepted  
Signature, printed name, title, mailing address,  
and phone number of accepting official
- Block 22 Date goods/services were received  
Printed name of receiving official

**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 EITHER OF THESE ADDRESSES.  
SEND THIS FORM IN ACCORDANCE WITH THE INSTRUCTIONS CONTAINED IN THE DFARS, APPENDIX F-401.**

1. PROCUREMENT INSTRUMENT IDENTIFICATION (CONTRACT) NO. DABTXX-XX-X-XXXX		ORDER NO.	6. INVOICE NO./DATE	7. PAGE OF 1 1	8. ACCEPTANCE POINT
2. SHIPMENT NO. 1st partial	3. DATE SHIPPED	4. B/L TCN	5. DISCOUNT TERMS 2% 20 days, net 30		
9. PRIME CONTRACTOR CODE Vendor's Name Vendor's Address		10. ADMINISTERED BY CODE Contracting Office Contracting Address			
11. SHIPPED FROM (If other than 9) CODE		FOB:	12. PAYMENT WILL BE MADE BY CODE DFAS Lawton - Ft. Sill OPLOC 4700 Mow-Way Road, Dept 1791 Ft. Sill, OK 73503-1791		
13. SHIPPED TO CODE Receiving Activity's Name Address Telephone Number		14. MARKED FOR CODE			

15. ITEM NO.	16. STOCK/PART NO. (Indicate number of shipping containers - type of container - container number.)	DESCRIPTION	17. QUANTITY SHIP/REC'D*	18. UNIT	19. UNIT PRICE	20. AMOUNT
0000		Item Description Requisition # (14 positions)	0	0	0.000	0.00
0001		Paper, Computer - Stock #117562 W23A75-7236-0611	100	bx	2.150	215.00
0002		Paper, Copier - Stock #118110 W23A75-7236-0613	200	bx	10.180	2,036.00

21. CONTRACT QUALITY ASSURANCE		22. RECEIVER'S USE	
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.		b. DESTINATION <input type="checkbox"/> CQA <input checked="" 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. (Signature Required)	
DATE: 11/8/00 SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE: <i>John Doe</i>		DATE RECEIVED: 11/8/00 SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE: <i>Michael Myers</i>	
TYPED NAME: JOHN DOE TITLE: Chief, DOL Supply Div MAILING ADDRESS: 123 Missouri Ave Fort Leonard Wood, MO 65473 COMMERCIAL TELEPHONE NUMBER: 573-596-0000		TYPED NAME: MICHAEL MYERS TITLE: DOL Supply Div 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  
NOTE: Use DD250 when activity is receiver of vendor's invoice. This receiving report reflects a partial delivery.