

MATERIAL INSPECTION AND RECEIVING REPORT

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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 <small>(Indicate number of shipping containers - type of container - container number.)</small>		17. QUANTITY SHIPPED/RECEIVED*	18. UNIT	19. UNIT PRICE	20. AMOUNT
			<input type="checkbox"/>			
			<input type="checkbox"/>			
			<input type="checkbox"/>			
			<input type="checkbox"/>			
			<input type="checkbox"/>			
			<input type="checkbox"/>			
			<input type="checkbox"/>			

21. CONTRACT QUALITY ASSURANCE <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 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;"> <div>DATE (YYYYMMDD) _____</div> <div>SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____</div> </div> TYPED NAME: _____ TITLE: _____ MAILING ADDRESS: _____ COMMERCIAL TELEPHONE NUMBER: _____ </div> <div style="width: 48%;"> 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;"> <div>DATE (YYYYMMDD) _____</div> <div>SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____</div> </div> TYPED NAME: _____ TITLE: _____ MAILING ADDRESS: _____ COMMERCIAL TELEPHONE NUMBER: _____ </div> </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;"> <div>DATE (YYYYMMDD) _____</div> <div>SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____</div> </div> TYPED NAME: _____ TITLE: _____ MAILING ADDRESS: _____ COMMERCIAL TELEPHONE NUMBER: _____ <small>* 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.</small>		
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23. CONTRACTOR USE ONLY