

MATERIEL COURIER RECEIPT				SHIPPER'S CONTROL/DOCUMENT NO.	
SHIPPER				SUPPLY ACCOUNT NUMBER	
DESTINATION				SUPPLY ACCOUNT NUMBER	
I certify by my signature that I have received the materiel listed on this form and am aware of the applicable safety and security requirements.				SHIPMENT DESCRIPTION	
				LINE NUMBER	QUANTITY
<b>SHIPMENT TRANSFERS</b>					
FIRST	LOCATION OF TRANSFER	DATE (YYYYMMDD)			
RECIPIENT'S PRINTED NAME ( <i>Last, First, Middle Initial</i> )		ORGANIZATION OR ACCOUNT NO.			
SIGNATURE					
SECOND	LOCATION OF TRANSFER	DATE (YYYYMMDD)			
RECIPIENT'S PRINTED NAME ( <i>Last, First, Middle Initial</i> )		ORGANIZATION OR ACCOUNT NO.			
SIGNATURE					
THIRD	LOCATION OF TRANSFER	DATE (YYYYMMDD)			
RECIPIENT'S PRINTED NAME ( <i>Last, First, Middle Initial</i> )		ORGANIZATION OR ACCOUNT NO.			
SIGNATURE					
FOURTH	LOCATION OF TRANSFER	DATE (YYYYMMDD)			
RECIPIENT'S PRINTED NAME ( <i>Last, First, Middle Initial</i> )		ORGANIZATION OR ACCOUNT NO.			
SIGNATURE					
FIFTH	LOCATION OF TRANSFER	DATE (YYYYMMDD)			
RECIPIENT'S PRINTED NAME ( <i>Last, First, Middle Initial</i> )		ORGANIZATION OR ACCOUNT NO.			
SIGNATURE					