

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	SERIAL NUMBERS	REMARKS
<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							