

MATERIAL INSPECTION AND RECEIVING REPORT

Form Approved
OBM No. 0704-0248

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 this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0248), Washington, DC 20503.

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. PROC. INSTRUMENT IDEN. (CONTRACT) N00014-08-C-0121		(ORDER) NO.		6. INVOICE NO./DATE		7. PAGE OF		8. ACCEPTANCE POINT	
2. SHIPMENT		3. DATE SHIPPED		4. B/L		5. DISCOUNT TERMS			
9. PRIME CONTRACTOR Eddy Company 13590 Niabi Road Apple Valley, CA 92308-6641		CODE N00014		10. ADMINISTERED BY SCD-C DCMAW-GA SANTA ANA 34 CIVIC CENTER PLAZA - ROOM 5001 SANTA ANA, CA 92701		CODE S0513A			
11. SHIPPED FROM (If other than 9) FOB		CODE		12. PAYMENT WILL BE MADE BY		CODE			
13. SHIPPED TO		CODE		14. MARKED FOR		CODE			
15. ITEM NO.	16. STOCK/PART NO. DESCRIPTION (Indicate number of shipping container -type of container - container number)			17. QUANTITY SHIP/REC'D*	18. UNIT	19. UNIT PRICE	20. AMOUNT		
1	Final Report - Base Period			1	EACH	N/A	N/A		
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 noticed herein or on supporting documents.			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 noticed herein or on supporting documents.			Quantities shown in column 17 were received in apparent good condition except as noted.			
DATE SIGNATURE OF AUTH GOV'T REP			DATE SIGNATURE OF AUTH GOV'T REP			DATE SIGNATURE OF AUTH GOV'T REP			
TYPED NAME			TYPED NAME			TYPED NAME			
MAILING ADDRESS			MAILING ADDRESS			MAILING ADDRESS			
COM. TELEPHONE NUMBER			COM. TELEPHONE NUMBER			COM. TELEPHONE NUMBER			
23. CONTRACTOR USE ONLY					* 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.				