

REIMBURSABLE ORDER RECEIVING REPORT

1. REIMBURSABLE ORDER NO. (SDN)				3. PAGE	OF	4. ACCEPTANCE POINT
2. AGENCY/ACTIVITY		TPN				
5. ITEM NO.	16. TYPE OF SERVICE. DESCRIPTION	6. QUANTITY SHIP/REC'D*	7. UNIT	8. UNIT PRICE	9. AMOUNT	
10. QUALITY ASSURANCE				11. RECEIVER'S USE		
A. ORIGIN QA ACCEPTANCE of listed items has been made by me or under my supervision and they conform to reimbursable, except as noted herein or on supporting documents.		B. DESTINATION QA ACCEPTANCE of listed items has been made by me or under my supervision and they conform to reimbursable, except as noted herein or on supporting documents.		Quantities shown in column 6 were received in apparent good condition except as noted.		
DATE _____ TYPED NAME: _____ TITLE: _____ MAILING ADDRESS: _____ COMMERCIAL TELEPHONE NUMBER: _____		DATE _____ TYPED NAME: _____ TITLE: _____ MAILING ADDRESS: _____ COMMERCIAL TELEPHONE NUMBER: _____		SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____ DATE RECEIVED _____ TYPED NAME: _____ TITLE: _____ MAILING ADDRESS: _____ COMMERCIAL TELEPHONE NUMBER: _____		
				*if quantity received by the Government is the same as quantity shipped, indicate by check mark, if different, enter actual quantity received below quantity shipped and encircle.		
This RECEIVING REPORT covers _____				Period of Performance: _____		
Delivery Order Value: _____						
Previously \$ Invoiced: _____						
This Receiving Report: _____						

Block 10 A & B Please make sure that the signers can be clearly identified and the office symbol is provided.
Date The date that goods and/or services was received, not necessarily today's date.