

The following is **required information** for submission of documents to DFAS-LW for payment of Invoice's

When using the DD Form 250 (Aug 2000), DD Form 1155, SF 1449 or similar forms as the receiving report ensure that:

Form DD250:

Block 1 (contract/purchase order number)

Block 15 (line item taken from contract order/purchase order)

Block 16 (item description)

Block 17 (quantity received)

Block 20 (\$ amount received)

Block 21b (check acceptance block, date (month, day and year) goods/services were accepted, printed name, telephone number, title, mailing address and signature of authorized government official)

Block 22 (date (month, day and year) goods/services received and printed name of government official authorized to receive goods/services)

MATERIAL INSPECTION AND RECEIVING REPORT

Form Approved
 OMB No. 0704-0248

The 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 the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0248), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. 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 ADDRESS.
 SEND THIS FORM IN ACCORDANCE WITH THE INSTRUCTIONS CONTAINED IN THE DFARS, APPENDIX F-401.**

1. PROCUREMENT INSTRUMENT IDENTIFICATION (CONTRACT) NO. DATM10-02-P-0040	ORDER NO.	5. INVOICE NO./DATE	7. PAGE OF 1 1	8. ACCEPTANCE POINT
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2. SHIPMENT NO. 1	3. DATE SHIPPED	4. B/L TCN	6. DISCOUNT TERMS
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9. PRIME CONTRACTOR CODE GLENCO DISTRIBUTING INC OKRE7	10. APPROVED BY CODE DIRECTORATE OF CONTRACTING PO BOX 148 FORT LEONARD WOOD, MO 65473 DABT31
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11. SHIPPED FROM (if other than 9) CODE DPW	12. PAYMENT WILL BE MADE BY CODE DRAS-LAWTON FORT SILL FIELD SITE 4700 MOW WAY ROAD FORT SILL, OK 73503
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13. SHIPPED TO CODE DPW BLDG 599 FORT ATTERBURY, IN 23110	14. MARKED FOR CODE
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15. ITEM NO.	16. STOCKPART NO. <i>Indicate number of shipping containers - type of container - container number</i>	DESCRIPTION	17. QUANTITY SHIPMENT ¹	18. UNIT	19. UNIT PRICE	20. AMOUNT
0001		REFRIGERATOR	2	EA	337.00	674.00
0002		MICROWAVE OVEN	40	EA	101.00	4040.00

21. CONTRACT QUALITY ASSURANCE a. CRIGIN <input type="checkbox"/> COA <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. DATE: _____ TYPED NAME: _____ TITLE: _____ MAILING ADDRESS: _____ COMMERCIAL TELEPHONE NUMBER: _____		b. DESTINATION <input type="checkbox"/> COA <input checked="" 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. DATE: 10-30-01 TYPED NAME: JOHN DOE TITLE: PURCHASING MANAGER MAILING ADDRESS: DPW BLDG 621 FORT ATTERBURY, IN 23110 COMMERCIAL TELEPHONE NUMBER: 910-592-4321		22. RECEIVER'S USE Quantities shown in column 17 were received in apparent good condition except as noted. DATE RECEIVED: 10-23-01 TYPED NAME: JOE B. SNUFFY TITLE: SUPPLY MANAGER MAILING ADDRESS: DPW BLDG 599 FORT ATTERBURY, IN 23110 COMMERCIAL TELEPHONE NUMBER: 910-592-1234 * 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.	
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23. CONTRACTOR USE ONLY

SAMPLE