







MATERIAL INSPECTION AND RECEIVING REPORT

Form Approved
OMB 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 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 EITHER OF THESE ADDRESSES.
SEND THIS FORM IN ACCORDANCE WITH THE INSTRUCTIONS CONTAINED IN THE DFARS, APPENDIX F-401.**

1. PROCUREMENT INSTRUMENT IDENTIFICATION (CONTRACT) NO. SPO 700-96-M-1756		ORDER NO. 12345678901234	6. INVOICE NO. 098765432109	DATE 2004JAN02	7. PAGE 1	OF 1	8. ACCEPTANCE POINT S
2. SHIPMENT NO. LGC0001	3. DATE SHIPPED 2003DEC29	4. B/L C-92232543 TCN ABC574763323242		5. DISCOUNT TERMS B NET 30 DAYS			
9. PRIME CONTRACTOR CODE LORAIN GENERAL CORP. 169 REASER CT. ELYRIA, OHIO 44035 CODE 9N585			10. ADMINISTERED BY CODE LORAIN GENERAL CORP. 169 REASER CT. ELYRIA, OHIO 44035 CODE 9N585				
11. SHIPPED FROM (If other than 9) CODE Company Name Street Address City, State Zip CODE MN124T FOB: D			12. PAYMENT WILL BE MADE BY CODE Company 1st Address 2nd Address 3rd Address City, State Zip CODE ABCDG				
13. SHIP TO CODE DIR OF DISTRIBUTION DEFENSE DEPOT OGDEN OGDEN, UT 84407-5701 CODE SW3400			14. MARKED FOR CODE COMPANY 98755 ADDRESS CITY, STATE ZIP CODE 98755				

15. ITEM NO.	16. STOCK/PART NO. <small>(Indicate number of shipping containers - type of container - container number)</small>	DESCRIPTION	17. QUANTITY SHIP/REC'D*	18. UNIT	19. UNIT PRICE	20. AMOUNT
		ABC574763323242				
		595001396461				
		XXxEA00150S				

21. CONTRACT QUALITY ASSURANCE A. ORIGIN <input checked="" type="checkbox"/> CQA <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. ALTERNATIVE RELEASE PROCEDURE 2003DEC30 DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____ TYPED NAME: J.P. JONES TITLE: QAR MAILING ADDRESS: LORAIN GENERAL CORP. 169 REASER CT. ELYRIA, OHIO 44035 COMMERCIAL TELEPHONE NUMBER: 440-365-7280 Ext 111		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 noted herein or on supporting documents. DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____ TYPED NAME: _____ TITLE: _____ MAILING ADDRESS: _____ COMMERCIAL TELEPHONE NUMBER: _____		22. RECEIVER'S USE Quantities shown in column 17 were received in apparent good condition except as noted. DATE RECEIVED _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____ TYPED NAME: _____ TITLE: _____ MAILING ADDRESS: _____ COMMERCIAL TELEPHONE NUMBER: _____ * 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

This note section of EasyForm 250 is a full word processing program which will allow the following:

Changes in Font
Changes in Font Size
As well as saving notes for addition to future contract forms this section also has Cut, Copy and Paste capabilities.