

REQUISITION AND INVOICE/SHIPPING DOCUMENT

*Form Approved
OMB No. 0704-0246
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The public reporting burden for this collection of information is estimated to average 1 hour 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 (0704-0246), 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 FORM TO THIS ADDRESS. RETURN COMPLETED FORM TO THE ADDRESS IN ITEM 2.

1. FROM: (Include ZIP Code) <hr/> 2. TO: (Include ZIP Code) <hr/> 3. SHIP TO - MARK FOR <hr/> 4. APPROPRIATIONS DATA <hr/>	SHEET NO. <hr/>	NO. OF SHEETS <hr/>	5. REQUISITION DATE <hr/>	6. REQUISITION NUMBER <hr/>
	7. DATE MATERIAL REQUIRED (YYYYMMDD) <hr/>		8. PRIORITY <hr/>	
	9. AUTHORITY OR PURPOSE <hr/>			
	10. SIGNATURE <hr/>		11a. VOUCHER NUMBER & DATE (YYYYMMDD) <hr/>	
	12. DATE SHIPPED (YYYYMMDD) <hr/>		b. <hr/>	
	13. MODE OF SHIPMENT <hr/>		14. BILL OF LADING NUMBER <hr/>	
	15. AIR MOVEMENT DESIGNATOR OR PORT REFERENCE NO. <hr/>			

ITEM NO.	FEDERAL STOCK NUMBER, DESCRIPTION, AND CODING OF MATERIEL AND/OR SERVICES	UNIT OF ISSUE	QUANTITY REQUESTED	SUPPLY ACTION	TYPE CONTAINER	CONTAINER NOS.	UNIT PRICE	TOTAL COST
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)

16. TRANSPORTATION VIA MATS OR MSTs CHARGEABLE TO						17. SPECIAL HANDLING					
RECEIPT INFORMATION	ISSUED BY	TOTAL CONTAINERS	TYPE CONTAINER	DESCRIPTION	TOTAL WEIGHT	TOTAL CUBE	RECEIPT	CONTAINERS RECEIVED EXCEPT AS NOTED	DATE (YYYYMMDD)	BY	SHEET TOTAL
	CHECKED BY							QUANTITIES RECEIVED EXCEPT AS NOTED	DATE (YYYYMMDD)	BY	GRAND TOTAL
	PACKED BY							POSTED	DATE (YYYYMMDD)	BY	20. RECEIVER'S VOUCHER NO.
	TOTAL										