

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

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

16. TRANSPORTATION VIA MATS OR MSTs CHARGEABLE TO 17. SPECIAL HANDLING

18. RECEIPT INFORMATION	ISSUED BY	TOTAL CON-TAINERS	TYPE CON-TAINER	DESCRIPTION	TOTAL WEIGHT	TOTAL CUBE	19. 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 →										