

MATERIEL COURIER RECEIPT			SHIPPER'S CONTROL/DOCUMENT NO.			
SHIPPER			SUPPLY ACCOUNT NUMBER			
DESTINATION			SUPPLY ACCOUNT NUMBER			
I certify by my signature that I have received the materiel listed on this form and am aware of the applicable safety and security requirements.			SHIPMENT DESCRIPTION			
			LINE NUMBER	QUANTITY	SERIAL NUMBERS	REMARKS
SHIPMENT TRANSFERS						
FIRST	LOCATION OF TRANSFER	DATE (YYYYMMDD)				
RECIPIENT'S PRINTED NAME <i>(Last, First, Middle Initial)</i>		ORGANIZATION OR ACCOUNT NO.				
SIGNATURE						
SECOND	LOCATION OF TRANSFER	DATE (YYYYMMDD)				
RECIPIENT'S PRINTED NAME <i>(Last, First, Middle Initial)</i>		ORGANIZATION OR ACCOUNT NO.				
SIGNATURE						
THIRD	LOCATION OF TRANSFER	DATE (YYYYMMDD)				
RECIPIENT'S PRINTED NAME <i>(Last, First, Middle Initial)</i>		ORGANIZATION OR ACCOUNT NO.				
SIGNATURE						
FOURTH	LOCATION OF TRANSFER	DATE (YYYYMMDD)				
RECIPIENT'S PRINTED NAME <i>(Last, First, Middle Initial)</i>		ORGANIZATION OR ACCOUNT NO.				
SIGNATURE						
FIFTH	LOCATION OF TRANSFER	DATE (YYYYMMDD)				
RECIPIENT'S PRINTED NAME <i>(Last, First, Middle Initial)</i>		ORGANIZATION OR ACCOUNT NO.				
SIGNATURE						