ACCEPTANCE OF MIPR

1. TO *(Requiring Activity Address) (Include ZIP Code)*	2. MIPR NUMBER	3. AMENDMENT NO.
	4. DATE *(MIPR Signature Date)*	5. AMOUNT *(As Listed on the MIPR)*

6. The MIPR identified above is accepted and the items requested will be provided as follows: *(Check as Applicable)*

a. ☐ ALL ITEMS WILL BE PROVIDED THROUGH REIMBURSEMENT *(Category I)*

b. ☐ ALL ITEMS WILL BE PROCURED BY THE DIRECT CITATION OF FUNDS *(Category II)*

c. ☐ ITEMS WILL BE PROVIDED BY BOTH CATEGORY I AND CATEGORY II AS INDICATED BELOW

d. ☐ THIS ACCEPTANCE, FOR CATEGORY I ITEMS, IS QUALIFIED BECAUSE OF ANTICIPATED CONTINGENCIES AS TO FINAL PRICE. CHANGES IN THIS ACCEPTANCE FIGURE WILL BE FURNISHED PERIODICALLY UPON DETERMINATION OF DEFINITIZED PRICES, BUT PRIOR TO SUBMISSION OF BILLINGS.

7. ☐ MIPR ITEM NUMBER(S) IDENTIFIED IN BLOCK 13, "REMARKS" IS NOT ACCEPTED (IS REJECTED) FOR THE REASONS INDICATED.

8. TO BE PROVIDED THROUGH REIMBURSEMENT CATEGORY I			9. TO BE PROCURED BY DIRECT CITATION OF FUNDS CATEGORY II		
ITEM NO. a.	QUANTITY b.	ESTIMATED PRICE c.	ITEM NO. a.	QUANTITY b.	ESTIMATED PRICE c.
d. **TOTAL ESTIMATED PRICE**			e. **TOTAL ESTIMATED PRICE**		

10. ANTICIPATED DATE OF OBLIGATION FOR CATEGORY II ITEMS	11. GRAND TOTAL ESTIMATED PRICE OF ALL ITEMS

12. FUNDS DATA *(Check if Applicable)*

a. ☐ ADDITIONAL FUNDS IN THE AMOUNT OF $ _____ ARE REQUIRED *(See justification in Block 13)*

b. ☐ FUNDS IN THE AMOUNT OF $ _____ ARE NOT REQUIRED AND MAY BE WITHDRAWN

13. REMARKS

14. ACCEPTING ACTIVITY *(Complete Address)*	15. TYPED NAME AND TITLE OF AUTHORIZED OFFICIAL	
	16. SIGNATURE	17. DATE