

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
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					