

Sample DD Form 250

Block 1	13 Digit contract number, and four digit call/order number, where applicable.
Block 2	Shipment number.
Block 3	Actual or estimated shipment date.
Block 4	Government or commercial bill of lading transportation control number.
Block 5	Discount terms in percentages and days allowed.
Block 6	Invoice number and actual or estimated date of submission.
Block 7	Consecutive page numbers.
Block 8	Enter "S" for source acceptance point or "D" for destination acceptance point.
Block 9	Contractor name, address and CAGE Code.
Block 10	Contract Administration Office address and DoD Activity Address Directory (DoDAAC) code number.
Block 11	Address, FOB and code of "shipped from" location.
Block 12	Payment office name, address and code as stated in contract.
Block 13	"Shipped to" address and code from contract.
Block 14	"Marked for" address and code from contract.
Block 15	CLIN, SUBCLIN, and ELIN item number as cited in contract.
Block 16	Item name, stock and/or part number and description.
Block 17	Quantity shipped.
Block 18	Abbreviated unit of measure.
Block 19	Unit Price.
Block 20	Extended amount.
Block 21	To be completed by Quality Assurance Representative.
Block 22	To be completed by receiving activity.
Block 23	Contractor Use Only.

MATERIAL INSPECTION AND RECEIVING REPORT

*Form Approved
OMB No. 0704-0248*

The public reporting burden for this collection of information is estimated to average 30 minutes 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 (0704-0248), 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 COMPLETED FORM TO THE ABOVE ADDRESS.
SEND THIS FORM IN ACCORDANCE WITH THE INSTRUCTIONS CONTAINED IN THE DFARS, APPENDIX F-401.**

1. PROCUREMENT INSTRUMENT IDENTIFICATION (CONTRACT) NO.		ORDER NO.	6. INVOICE NO./DATE		7. PAGE OF	8. ACCEPTANCE POINT
2. SHIPMENT NO.	3. DATE SHIPPED	4. B/L TCN		5. DISCOUNT TERMS		
9. PRIME CONTRACTOR CODE		10. ADMINISTERED BY CODE				
11. SHIPPED FROM (If other than 9) CODE		FOB:	12. PAYMENT WILL BE MADE BY CODE			
13. SHIPPED TO CODE		14. MARKED FOR CODE				

15. ITEM NO.	16. STOCK/PART NO. <i>(Indicate number of shipping containers - type of container - container number.)</i>	DESCRIPTION	17. QUANTITY SHIP/REC'D*	18. UNIT	19. UNIT PRICE	20. AMOUNT

<p>21. CONTRACT QUALITY ASSURANCE</p> <p>a. ORIGIN <input type="checkbox"/> CQA <input type="checkbox"/> ACCEPTANCE of listed items has been made by me or under my supervision and they conform to contract, except as noted herein or on supporting documents.</p> <p>b. DESTINATION <input type="checkbox"/> CQA <input type="checkbox"/> ACCEPTANCE of listed items has been made by me or under my supervision and they conform to contract, except as noted herein or on supporting documents.</p>	<p>22. RECEIVER'S USE Quantities shown in column 17 were received in apparent good condition except as noted.</p> <p>DATE RECEIVED _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____</p> <p>TYPED NAME: _____</p> <p>TITLE: _____</p> <p>MAILING ADDRESS: _____</p> <p>COMMERCIAL TELEPHONE NUMBER: _____</p> <p><i>* If quantity received by the Government is the same as quantity shipped, indicate by (X) mark; if different, enter actual quantity received below quantity shipped and encircle.</i></p>
<p>DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____</p> <p>TYPED NAME: _____</p> <p>TITLE: _____</p> <p>MAILING ADDRESS: _____</p> <p>COMMERCIAL TELEPHONE NUMBER: _____</p>	<p>DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____</p> <p>TYPED NAME: _____</p> <p>TITLE: _____</p> <p>MAILING ADDRESS: _____</p> <p>COMMERCIAL TELEPHONE NUMBER: _____</p>

23. CONTRACTOR USE ONLY