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 TRANSFERS

FIRST	LOCATION OF TRANSFER	DATE (YR/MO/DAY)
RECIPIENT'S PRINTED NAME (LAST, FIRST, M.I.)	ORGAN. OR ACCOUNT NO.	
SIGNATURE	SOCIAL SECURITY NUMBER	
SECOND	LOCATION OF TRANSFER	DATE (YR/MO/DAY)
RECIPIENT'S PRINTED NAME (LAST, FIRST, M.I.)	ORGAN. OR ACCOUNT NO.	
SIGNATURE	SOCIAL SECURITY NUMBER	
THIRD	LOCATION OF TRANSFER	DATE (YR/MO/DAY)
RECIPIENT'S PRINTED NAME (LAST, FIRST, M.I.)	ORGAN. OR ACCOUNT NO.	
SIGNATURE	SOCIAL SECURITY NUMBER	
FOURTH	LOCATION OF TRANSFER	DATE (YR/MO/DAY)
RECIPIENT'S PRINTED NAME (LAST, FIRST, M.I.)	ORGAN. OR ACCOUNT NO.	
SIGNATURE	SOCIAL SECURITY NUMBER	
FIFTH	LOCATION OF TRANSFER	DATE (YR/MO/DAY)
RECIPIENT'S PRINTED NAME (LAST, FIRST, M.I.)	ORGAN. OR ACCOUNT NO.	
SIGNATURE	SOCIAL SECURITY NUMBER	

PRIVACY ACT STATEMENT

AUTHORITY 5 U.S.C., Sec 552a (PL 93-579)
PRINCIPLE PURPOSES: To provide a receipt for transfer of controlled material. The use of the SSAN is required and is necessary to provide positive identification of the individuals receipting for the materiel.
ROUTINE USES: To document transfer of materiel from a shipper to a courier, courier to courier and/ or receiver.
DISCLOSURE IS VOLUNTARY: Since the SSAN must be used, refusal to provide SSAN may be grounds for action to remove the individual concerned from duties involving the materiel transferred by use of this form.

SHIPMENT DESCRIPTION

LINE NUMBER	QUANTITY	SERIAL NUMBERS	REMARKS