

MATERIEL COURIER RECEIPT		SHIPPER'S CONTROL/DOCUMENT NO.	PRIVACY ACT STATEMENT			
SHIPPER		SUPPLY ACCOUNT NUMBER	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.			
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.						
<b>SHIPMENT TRANSFERS</b>			<b>SHIPMENT DESCRIPTION</b>			
			LINE NUMBER	QUANTITY	SERIAL NUMBERS	REMARKS
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				