REQUEST FOR INITIAL OR AMENDED SHIPPING INSTRUCTIONS	1. DATE PREPARED *(YYYYMMDD)*	2. TYPE REQUEST *(X one)* ☐ a. INITIAL (ISI) ☐ b. AMENDED (ASI)	REPORT CONTROL SYMBOL DD-A&T(AR)1685
3. TO *(Complete mailing address, including office symbol and ZIP Code)*	4. FROM *(Complete mailing address, including office symbol and ZIP Code)*		

5. MIPR a. NUMBER	b. LINE ITEM	6. NATIONAL STOCK NUMBER *(Plus DODIC)*	7. NOMENCLATURE	8. CONTRACT a. NUMBER	b. LINE ITEM

9. SHIP TO	10. DOCUMENT *(Shipping Directive No.)*	11. ADDRESS CODE *(Ship to)*	12. QUANTITY TO BE SHIPPED	13. PRI	14. RDD	15. CONTROL NUMBER

16. REMARKS	17. DEDUCT FROM *(ASI Only)*
	18. TOTAL DIRECTED THIS REQUEST
	19. TOTAL DIRECTED CONTRACT LINE ITEM
	20. BALANCE LEFT TO DIRECT