INTERNAL RECEIPT *(Envelopes, Packages, Boxes, Crates, etc.)*	1. CARRIER'S NUMBER	2. DISPATCH NUMBER
3. TO	4. FROM	

5. DISPATCHED BY			6. DATE *(YYYYMMDD)*	7. TIME
a. NAME *(Last, First, Middle Initial)*	b. GRADE	c. OFFICE SYMBOL		

ITEM	8. CONTAINER NUMBER(S)	9. SPECIAL SERVICE	ITEM	8. CONTAINER NUMBER(S)	9. SPECIAL SERVICE
(1)			(11)		
(2)			(12)		
(3)			(13)		
(4)			(14)		
(5)			(15)		
(6)			(16)		
(7)			(17)		
(8)			(18)		
(9)			(19)		
(10)			(20)		

10. RECEIVED BY				
a. NAME *(Last, First, Middle Initial)*	b. OFFICE SYMBOL	c. SIGNATURE	d. DATE *(YYYYMMDD)*	e. TIME

11. RECEIVED BY				
a. NAME *(Last, First, Middle Initial)*	b. OFFICE SYMBOL	c. SIGNATURE	d. DATE *(YYYYMMDD)*	e. TIME

12. RECEIVED BY				
a. NAME *(Last, First, Middle Initial)*	b. OFFICE SYMBOL	c. SIGNATURE	d. DATE *(YYYYMMDD)*	e. TIME

INSTRUCTIONS

ITEM	FOR LOCAL DELIVERY *(Not through USPS or other carrier)*	FOR DELIVERY THROUGH USPS OR OTHER CARRIER
1	Leave blank.	Mailing OMC enters carrier's registry, certified, serial number, etc.
2	For local use (optional).	
3	Enter address of receiving action office or ADO.	Enter address of OMC.
4	Enter your address and functional address symbol.	
5	Enter name, grade and office symbol of person dispatching the containers.	
6 and 7	Enter current date and time.	
8	Enter item's container number. List more than one container number if the items are going to the same action office, ADO, or OMC.	
9	Originating action office enters the type of special service required.	OMC enters type of special service used.
10 - 12	Completed by authorized recipient(s).	

Reset

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