|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **REQUISITION AND INVOICE/SHIPPING DOCUMENT** | | | | | | | | | | | | | | | | | | | *OMB No. 0704-0246*  *OMB approval expires Apr 30, 2009* | | | |
| The public reporting burden for this collection of information is estimated to average 1 hour 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 the Department of Defense, Executive Services Directorate (0704-0246). 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 FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO THE ADDRESS IN ITEM 2.** | | | | | | | | | | | | | | | | | | | | | | |
| **1. FROM:** *(Include ZIP Code)* | | | | | | | | | **SHEET**  **NO.** | | | **NO. OF SHEETS** | | | **5. REQUISITION DATE** | | | | **6. REQUISITION NUMBER** | | | |
| **7. DATE MATERIAL REQUIRED** *(YYYYMMDD)* | | | | | | | | | | **8. PRIORITY** | | | |
| **2. TO:** *(Include ZIP Code)* | | | | | | | | | **9. AUTHORITY OR PURPOSE** | | | | | | | | | | | | | |
| **10. SIGNATURE** | | | | | | | | | | **11a. VOUCHER NUMBER & DATE** *(YYYYMMDD)* | | | |
| **3. SHIP TO - MARK FOR** | | | | | | | | | **12. DATE SHIPPED** *(YYYYMMDD)* | | | | | | | | | | **b.** | | | |
| **13. MODE OF SHIPMENT** | | | | | | | | | | **14. BILL OF LADING NUMBER** | | | |
| **15. AIR MOVEMENT DESIGNATOR OR PORT REFERENCE NO.** | | | | | | | | | | | | | |
| **4. APPROPRIATIONS DATA** | | | | | | | | | | | | | | | | | | | | | | **AMOUNT** |
| **ITEM NO.**  **(a)** | | **FEDERAL STOCK NUMBER, DESCRIPTION, AND CODING OF MATERIEL AND/OR SERVICES**  **(b)** | | | | **UNIT OF ISSUE**  **(c)** | | **QUANTITY REQUESTED**  **(d)** | | | **SUPPLY ACTION**  **(e)** | | | | | **TYPE CON- TAINER**  **(f)** | | **CON- TAINER NOS.**  **(g)** | **UNIT PRICE**  **(h)** | | | **TOTAL COST**  **(i)** |
|  | |  | | | |  | |  | | |  | | | | |  | |  |  | | | 0.00  0.00  0.00  0.00  0.00 |
| **16. TRANSPORTATION VIA AMC OR MSC CHARGEABLE TO** | | | | | | | | **17. SPECIAL HANDLING** | | | | | | | | | | | | | | |
| **18.**  **R E**  **C O**  **A F**  **P**  **I S**   1. **H** 2. **I**   **L P**  **A M**  **T E**  **I N**  **O T**  **N** | **ISSUED BY** | | **TOTAL CON- TAINERS** | **TYPE CON- TAINER** | **DESCRIPTION** | | **TOTAL WEIGHT** | | | **TOTAL CUBE** | | | **19.**  **R E C E I P T** | **CONTAINERS RECEIVED EXCEPT AS NOTED** | | | **DATE**  *(YYYYMMDD)* | | | **BY** | **SHEET TOTAL**  0.00 | |
|  |  |  | |  | | |  | | |
| **CHECKED BY** | |  |  |  | |  | | |  | | | **QUANTITIES**  **RECEIVED EXCEPT AS NOTED** | | | **DATE**  *(YYYYMMDD)* | | | **BY** | **GRAND TOTAL** | |
|  |  |  | |  | | |  | | |
| **PACKED BY** | |  |  |  | |  | | |  | | | **POSTED** | | | **DATE**  *(YYYYMMDD)* | | | **BY** | **20. RECEIVER'S VOUCHER NO.** | |
|  |  | **TOTAL** | |  | | |  | | |

# DD FORM 1149, JUL 2006

Reset

51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

PREVIOUS EDITION IS OBSOLETE.

Adobe Designer 7.0

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **REQUISITION AND INVOICE/SHIPPING DOCUMENT** *(Continuation Sheet)* | | | | | | | | | *OMB No. 0704-0246*  *OMB approval expires Apr 30, 2009* | |
| The public reporting burden for this collection of information is estimated to average 1 hour 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 the Department of Defense, Executive Services Directorate (0704-0246). 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 FORM TO THIS ADDRESS. RETURN COMPLETED FORM TO THE ADDRESS IN ITEM 2 OF DD FORM 1149.** | | | | | | | | | | |
| **SHEET NO.** | | **NO. OF SHEETS** | **6. REQUISITION NUMBER** | **11a. VOUCHER NUMBER AND DATE** | | | | | **b. VOUCHER NUMBER AND DATE** | |
| **ITEM NO.**  **(a)** | **FEDERAL STOCK NUMBER, DESCRIPTION, AND CODING OF MATERIEL AND/OR SERVICES**  **(b)** | | | **UNIT OF ISSUE**  **(c)** | **QUANTITY REQUESTED**  **(d)** | **SUPPLY ACTION**  **(e)** | **TYPE CON- TAINER**  **(f)** | **CON- TAINER NOS.**  **(g)** | **UNIT PRICE**  **(h)** | **TOTAL COST**  **(i)** |
|  |  | | |  |  |  |  |  |  | 0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00 |
|  | | | | | | | | | **SHEET TOTAL** | 0.00 |

# DD FORM 1149C, JUL 2006

51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

PREVIOUS EDITION IS OBSOLETE.

Reset