

DEPARTMENT OF HEALTH AND HUMAN SERVICES
NATIONAL INSTITUTES OF HEALTH
SHIPPING/TRANSFER ORDER & RECEIPT DOCUMENT
CONTRACT PROPERTY

1. DOC. NO. & DATE

NOTE: THIS FORM WILL BE USED FOR ALL SHIPMENTS/TRANSFERS OF GOVERNMENT PROPERTY INTO AND OUT OF NIH CONTRACTS. FOR OTHER TRANSFERS USE FORM NIH649.

PAGE 1 OF _____ PAGES

2. INSTRUCTIONS TO CONSIGNOR	3. INSTRUCTIONS TO CONSIGNEE
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<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px;">2a.</td> <td>Ship listed property to consignee by the safest and most economical mode of transportation (See Blocks 5 & 8 below)</td> </tr> <tr> <td>2b.</td> <td>Release listed property to consignee who will arrange transportation.</td> </tr> <tr> <td>2c.</td> <td>Transfer listed property to contract Indicated in Block 8b. No movement involved.</td> </tr> <tr> <td>2d.</td> <td>Transfer listed property to consignee. No movement involved.</td> </tr> </table>	2a.	Ship listed property to consignee by the safest and most economical mode of transportation (See Blocks 5 & 8 below)	2b.	Release listed property to consignee who will arrange transportation.	2c.	Transfer listed property to contract Indicated in Block 8b. No movement involved.	2d.	Transfer listed property to consignee. No movement involved.	<p>Acknowledge receipt of property by signing Block 10 below. List all exceptions separately.</p> <p>DO NOT MAKE CHANGES ON THIS DOCUMENT.</p> <p>Return only last copy of this form. Return all other copies to:</p> <p style="margin-left: 40px;">National Institutes of Health Attn: Research Contracts Property Admin. Bldg. _____ Room _____ 9000 Rockville Pike Bethesda, MD 20892</p>
2a.	Ship listed property to consignee by the safest and most economical mode of transportation (See Blocks 5 & 8 below)								
2b.	Release listed property to consignee who will arrange transportation.								
2c.	Transfer listed property to contract Indicated in Block 8b. No movement involved.								
2d.	Transfer listed property to consignee. No movement involved.								

4. PAYMENT OF SHIPPING CHARGES WILL BE	5. SHIPPING ADDRESS (Consignee Destination)
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4a.	PREPAID	Paid by consignor who may bill the government under contract indicated in Block 7b.	
4b.	COLLECT	Paid by consignee who may bill the government under contract indicated in Block 8b.	
4c.	GBL-COLLECT	Paid by government under GBL after receipt of shipment. (See Block 6 below)	

6. Carriers should forward freight bill and bill of lading to National Institutes of Health, Shipping & Receiving, Building 13, Room 13001, 9000 Rockville Pike, Bethesda, MD 20892. Phone (301) 496-6028 To expedite payment, refer to this account no. 	6a. CAN TO BE CHARGED
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7. TRANSFERRED FROM (Consignor)	8. TRANSFERRED TO (Consignee)
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7a. *CONTRACTOR (OR ICD) SEE BLOCK 7h.			8a. CONTRACTOR (OR ICD)		
7b. CONTRACT NO.	7c. CUSTODIAL CODE	PIN	8b. CONTRACT NO.	8c. CUSTODIAL CODE	PIN
7d. AUTHORITY	7e. PLT. CLEAR CASE (PCC)		8d. MARK FOR	8e. AFFIX ENCLOSED DECALS EXACTLY AS SHOWN BELOW	
7f. PROPERTY ADMIN.	7g. DATE		8f. PROPERTY ADMIN.	8g. DATE	

***7h. CONSIGNOR CERTIFIES THAT THE PROPERTY LISTED BELOW IS FREE FROM ALL HAZARDS INCLUDING BIOLOGICAL, CHEMICAL, AND RADIOACTIVE CONTAMINATION.**

ITEM NO.	DESCRIPTION. (INCLUDE NSN, MFGR, MODEL, TYPE, CAPACITY, DIMENSIONS, ETC.)	QUANTITY	MFGR. SERIAL NO.	NIH PROPERTY NO	COND. CODE	ACQUISITION COST
9a.	9b.	9c.	9d.	9e.	9f.	9g.

10. RECEIVING DATA (Consignee)	11. NIH PROCESSING DATA	12. COST DATA
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RECEIPT IS ACKNOWLEDGED EXCEPT AS NOTED	SIGNATURE & TITLE	PROP ACCT	BY	DATE	TOTAL NOR	TOTAL G/L	GRAND TOTAL
		PROP UTIL	BY	DATE	\$	\$	

13. Consignor is hereby relieved from accountability for listed property under contract indicated in Block 7b.	SIGNATURE	DATE
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