

<b>CONTRACT ADMINISTRATION</b>			1. CONTRACTOR		
2. PROGRAM	4. CONTRACT NO.		5. SUPPLIER		
	5. PERIOD OF CONTRACT		6. COMMODITY		7. CLASS
	a. <input type="checkbox"/> STOCK	a. FROM	b. TO		
b. <input type="checkbox"/> NONSTOCK					
c. <input type="checkbox"/> SCHEDULES					

<b>8. DISTRIBUTION</b>		<input type="checkbox"/> <b>BY QUALITY ASSURANCE SPECIALIST</b>	<input type="checkbox"/> <b>REGIONAL OFFICE</b>
a. ADDRESSEE	b. COPIES TO:		
	_____ FQ	_____ FQ	_____ FQ
	_____ NAT. INV. MANAGER	_____ FFC CUST. SERV.	
	_____ CONTRACTING OFFICER	FMQ OTHER	
			<b>9. NUMBER OF LINE ITEMS</b>
			ON HAND (a)
			DELINQUENT

<b>10. DELINQUENT ORDERS</b>						
ORDER NUMBER (a)	NATIONAL STOCK NUMBER (b)	QUANTITY AND UNIT (c)	DATE			
			ORDER		SUBMITTED TO LABORATORY (f)	SCHEDULED FOR SHIPMENT (g)
			RECEIVED (d)	DUE (e)		

11. DETAILS

<input type="checkbox"/> CONTRACTING OFFICER REPLY IN ITEM 15			
12. QUALITY ASSURANCE SPECIALIST (Signature)	DATE	13. REGIONAL OCD TELEPHONE NO.	14. CORRES. SYMBOL
15. REPLY OF CONTRACTING OFFICER (If requested in item 11 above)			

16. CONTRACTING OFFICER (Signature)	DATE	TELEPHONE NO.	CORRES. SYMBOL
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