

RECEIVING REPORT

(Please look in WAWF for signed copy)

Processed

| | | | | |
|---|-------------------------------------|---|---|--|
| Contract Number *****0077 | Delivery Order | Shipment Number ****152 | Invoice Number | FMS Case Identifier **-*-WAE |
| Contract Number Type DoD Contract (FAR) | Effective Date 2009/11/24 | Reference Procurement Identifier | <input checked="" type="checkbox"/> Supplies <input type="checkbox"/> Services | <input type="checkbox"/> C.o.C. <input type="checkbox"/> A.R.P. |

Shipping Information:

| | | | | | |
|-----------------------------------|------------------------------------|----------------------------|------------------------------|------------------------------|--------------------------------|
| Shipment Number ****152 | Shipment Date 2021/06/23 | Final Shipment N | Inspection Point S | Acceptance Point S | Estimated Delivery Date |
|-----------------------------------|------------------------------------|----------------------------|------------------------------|------------------------------|--------------------------------|

Submit Transportation Data Later
☐

Transportation Account Code

| | | | | | |
|------------|---------------------------------------|-----------------------------------|---------------------|-------------|-----------------|
| TCN | Serial Shipping Container Code | Transportation Method/Type | Gross Weight | Cube | FOB S |
|------------|---------------------------------------|-----------------------------------|---------------------|-------------|-----------------|

Special Package Markings / Special Handling Requirements

| | | | |
|---------------------------|--|---|----------------------------|
| Transportation Leg | Standard Carrier Alpha Code | Bill of Lading Number | Bill of Lading Type |
| | Secondary Transportation Tracking Number | Secondary Transportation Tracking Type | |
| | Secondary Transportation Tracking Description | | |

Summary of Detail Level Information

1 CLIN/SLIN/ELIN(s)

Total
\$42,977.40

Address Information:

Prime Contractor
CAGE Code: 98247 DUNS: ****84594 Extension: 56161
Name: CANADIAN COMMERCIAL CORPORATION
350 ALBERT ST SUITE 700
OTTAWA ON K1A 0S6 CAN

Ship From
Code: 56161 DUNS: ****56876
Name: _____

Administered By
Code: ***01A
Name: _____

OTTAWA ON
OTTAWA ON CAN

Inspect By
DoDAAC: ***01A Extension: -----
Name: _____

OTTAWA ON
OTTAWA ON CAN

Ship To
DoDAAC: ***002
Name: _____

US

Mark For
DoDAAC: ***A00
Name: _____

SA

Payment Official
DoDAAC: ***337
Name: _____

Issue By
DoDAAC: ***HZV
Name: _____

Accept By
DoDAAC: ***01A Extension: -----
Name: _____

OTTAWA ON
OTTAWA ON CAN

Line Item Information:

Material Inspection and Receiving Report in accordance with DFARS Appendix F. Paper DD Form 250 is usable in lieu of this document on an exception basis.

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|---|--------------------|-----------------|----------------|---------------------|--------------|-------------|-------------|
| *****0077 | | ****152 | | **-*-WAE | | | |
| Item No | Product/Service ID | | Unit Price | Unit of Issue | Qty Shipped | Actual Qty. | Amount |
| ***** | ExhibitOM | | \$42,977.40 | LO | 0 | 15 | \$42,977.40 |
| | Qualifier | AAA | ACRN | GFE | Project Code | | |
| | VP | | BL | N | | | |
| Special Package Markings / Special Handling Requirements | | | | | | | |
| PR Number | | | | | | | |
| Type Designation Method | | | | | | | |
| Type Designation Value | | | | | | | |
| Description | | | | | | | |
| RRPL #81 MNG 4/5 PARTS 1 L O \$ 4,156,874.630 \$ 4,156,874.63 COMMODITY NAME: RRPL #81 MNG 4/5 PARTS CLIN | | | | | | | |
| CONTRACT TYPE: Firm Fixed Price PRON: J502TU21EH PRON AMD: 01 ACRN: BL AMS CD: WAE025 PSC: 5342 | | | | | | | |
| CUSTOMER ORDER NO: J5UWAE25EHSI FMS COUNTRY/CASE: SI/WAE Sub-CLIN 0020JC is added by Modification | | | | | | | |
| P00281. Contractor shall deliver specific items and quantities identified in Exhibit OM IAW Section C.5.13.2.2. ELINs OM017 | | | | | | | |
| OM062 DELIVERIES 2887912 2889717 | | | | | | | |
| Milstrip Document No. | | | | | | | |
| *****51274E7084 | | | | | | | |

TOTAL: \$42,977.40

Misc. Information:

Initiator Information

Name:
Title: Kit Planner
Phone #:
DSN:
Email:
Org Email:

Date of Action: 2021/06/22 1844 UTC
Action(s): Submitted Web, Stand Alone

Comments:

MarkFor Representative:

MarkFor Secondary:

Attachment(s):

*****0077_P00281.pdf
****912.pdf
****717.pdf
****152_CONTENTS.xlsx

Inspector Information

Name:
Title: Quality Assurance
Phone #:
DSN:
Email:
Org Email:

Date of Action: 2021/06/23 1653 UTC
Action(s): Block Accepted Processed via EDI

Comments:

MarkFor Representative:

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| Contract Number *****0077 | Delivery Order | Shipment Number ****152 | Invoice Number | FMS Case Identifier **-*-WAE |
| MarkFor Secondary: | | | | |
| Attachment(s): | | | | |