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| **DROP SHIPMENT RECEIVER** | | | | | | | | | | | | | | | | | | | | | | | | | | | | **DS** | |  | | | | | | | |
| ATTENTION: **INGALLS SHIPBUILDING** | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| **MATERIAL ACQUISITION DEPARTMENT** | | | | | | | | | | | | | | | | | | | | | | INGALLS SHIPBUILDING PURCHASE ORDER NO. | | | | | | | | | | | | | | | |
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| THIS WILL ACKNOWLEDGE RECEIPT, IN GOOD ORDER, OF THE FOLLOWING MATERIAL  **FROM:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| SHIPPING COMPANY NAME | | | | | | | | | | | | | | | |  | SHIPPED VIA | | | | | | | | | | | | | | | | | | | | |
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| SHIPPING COMPANY ADDRESS | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | |
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| SUPPLIER PACKAGING SHEET NO. | | | | | | | | |  | DATE SHIPPED | | | | | | | | | | | | |  | | | BILL OF LADING OR MANIFEST NO. | | | | | | | | | | | |
| ITEM | QUANTITY | | | | UNIT OF MEASURE | | INGALLS SHIPBUILDING PART NO | | | | | |  | | DESCRIPTION | | | | | |  | | TOOL NO. | | | | |  | VALUE | | | | | | |  | |
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| RECEIVING COMPANY NAME | | | | | | | RECEIVING COMPANY ADDRESS | | | | | | | | | | | | | | | | INGALLS SHIPBUILDING PURCHASE ORDER NO. | | | | | | | | | | | | | | |
| **INSTRUCTIONS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SUPPLIER TO SUPPLIER SHIPMENTS**  **Shipping Supplier** shall complete **Drop Shipment Receiver** above double lines, retain a copy and forward to **Receiving Supplier** or destination indicated on Purchase Order against which this shipment is made. Prior to shipment, **Shipping Supplier** shall obtain the inspection required by corresponding Purchase Order.  **Receiving Supplier’s** authorized Receiving Clerk shall enter date material received, sign, retain copy and return to **Ingalls Shipbuilding Material Acquisition Department.** | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | |
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| FOR INGALLS SHIPBUILDING RECEIVING USE ONLY | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | |  | | |  |
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