FORM **CD-406**
(REV. 2-00) LF

INVOICE—RECEIPT CERTIFICATION

U.S. DEPARTMENT OF COMMERCE

SEE REVERSE FOR COMPLETION AND MAILING INSTRUCTIONS.

1. PURCHASE ORDER NUMBER	2. TYPE SHIPMENT	3. DATE GOODS RECEIVED	4. DATE INVOICE RECEIVED	5. DATE GOODS ACCEPTED*

6. VENDOR INVOICE NUMBER	7. VENDOR NAME

* ACCEPTANCE OF MORE THAN 7 DAYS FROM DATE RECEIVED MUST BE AUTHORIZED ON CD-404

8. LINE ITEM NO.	9. DESCRIPTION	10. QUANTITY/UNIT ISSUE	11. DOLLAR AMOUNT

I certify that the goods and/or services listed above have been received, inspected and accepted as complying with the referenced order.

21. SIGNATURE		12. + Non-Merchandise Charge	
ADDRESS		13. + Freight	
DATE	PHONE (Area Code and Number)	14. + Federal Excise Tax	
REMARKS		15. + State or Local Tax	
		16. Subtotal	
		17. - Trade-In	
		18. - Discount	
		19. - Credit	
		20. **TOTAL**	

INSTRUCTIONS FOR FORM CD-406

A separate CD-406 is required for each invoice

If 5th position of Receiving Office No. (Block 2 on Purchase Order) is an "M", you are one of several offices receiving goods or services from this order and must always enter a "P" in the "Type Shipment" block.

Use this form only if the Purchase Order number begins with "43".
If order number begins with "40", use either the green "receipt copy" of the Purchase Order or the form, Partial Receipt Notification, CD-405.
If order number begins with a "41" or "42," no receipt report is required.

FORM **CD-404** (REV. 11-89) U.S. DEPARTMENT OF COMMERCE		**SUPPLY, EQUIPMENT, OR SERVICE ORDER**			**This Order Number must appear on all invoices and packages. Freight charge over $100 requires Bill of Lading** →	6. ORDER NUMBER **43SAAA012345**
1. PAGE 1 of 1	2. RECEIVING OFFICE NO. 31834MO2	3. CONTRACT ORDERED AGAINST	A. PURCHASE ORDER (See Reverse)	DELIVERY ORDER (See Block 3)		7. SUB

THE FOLLOWING INSTRUCTIONS CORRESPOND TO THE NUMBERED BLOCKS ON THE FRONT OF THE FORM.

1. Enter the Purchase Order Number from Block 6 of the Purchase Order.
2. If you have received only part of the order (you expect another shipment) enter "P" in "Type Shipment". If this shipment completes the order, enter a "C" in "Type Shipment".
3. Enter the date the goods or services were received.
4. Enter the date the invoice was received.
5. Enter the date the goods are accepted. Acceptance of more than 7 days from receipt date must be authorized on form CD-404.
6. Enter the vendors invoice number. If none, enter none. Prepare a separate form for each invoice received.
7. Enter the name of the vendor to whom payment will be made.

FOLLOW NO. 8 THRU 11 FOR EACH LINE ITEM RECEIVED.

8. Enter the appropriate line item number (Block 12 of the Purchase Order).
9. Enter a brief description of the goods or services (Block 14 of the Purchase Order).
10. Enter the quantity received and unit of issue for each line item.
11. Enter the dollar amount for each line item received. If the amount does not agree with the amount charged on the invoice, explain in "Remarks" area.
12. Enter the total of the charges shown on the invoice which were designated as non-merchandise on the Purchase Order if payable. If not payable, enter "O" and explain in "Remarks" area.
13. Enter the total amount charged for freight if authorized. Postage and handling charges can be considered as freight. If freight is not authorized, enter "O" and explain in "Remarks" area.
14. Enter the total Federal excise tax as shown on invoice if tax charged is proper. If tax charged, but Government exempt, enter "O" and explain in "Remarks" area.
15. Enter the total state or local tax as shown on invoice if tax charged is proper. If tax charged, but Government exempt, enter "O" and explain in "Remarks" area.
16. Enter the sum of all the dollar amount for each line item.
17. Enter the total amount allowed for trade-in. (Combine the amounts if more than one trade-in is given).
18. Enter the total discount amount shown on the invoice.
19. Enter the total credit indicated on the invoice.
20. Enter the total amount to be paid to the vendor. If this amount differs from the total charged by vendor, explain in "Remarks" area.
21. Sign your name and the date you prepare this form. Enter the phone number where you can be reached for additional information.

BE SURE TO ATTACH INVOICE TO THIS FORM

ATTACH INVOICE TO THIS FORM AND MAIL TO ONE OF THE FOLLOWING FINANCE OFFICES:

Germantown, MD (MSC)
U.S. Department of Commerce
Management Service Center/PO
Caller Service Number 4025
Germantown, MD 20874

Norfolk, VA (EASC)
U.S. Department of Commerce
Eastern Administrative Support Center (EASC)
Mail Code RAS/ECI
253 Monticello Avenue
Norfolk, VA 23510

Kansas City, MO (CASC)
U.S. Department of Commerce
Central Administrative Support Center (CASC)
Division of Finance
Mail Code RAS/CCI
601 East 12th Street
Kansas City, MO 64106

Boulder, CO (MASC)
U.S. Department of Commerce
Mountain Administrative Support Center (MASC)
Finance Center
Mail Code RAS/MCI
325 Broadway
Boulder, CO 80303

Seattle, WA (WASC)
U.S. Department of Commerce
Western Administrative Support Center (WASC)
Finance Division
Mail Code RAS/WCI
7600 Sand Point Way, NE
Seattle, WA 98115