

DATA ITEM TRANSMITTAL/ACCEPTANCE/REJECTION FORM	
Contract	
CLIN/ELIN: _____ TITLE: _____ Block 14 Distribution: _____ Other: _____	
Doc. Ref. No.: _____ Date: _____  From: _____ To: _____ ATTN: _____	
The above detailed CDRL item is forwarded for review and acceptance/ rejection. This item is due _____. The Government review period is _____ days.  Sincerely,  Signature: Typed Name/Title:	
FIRST ENDORSEMENT:	Date Received: _____
<input type="checkbox"/> Accepted. <input type="checkbox"/> Accepted. Attached comments must be incorporated into the next scheduled submission. (This block is for use with periodically submitted items only.) <input type="checkbox"/> Rejected, comments attached. Change pages ( ) are ( ) not sufficient for correction. Contractor is allowed ( ) 30 days or ( ) _____ days to resubmit.	
Signature: Typed Name/Title: Code: Date:	
VIA:	Date:
VIA: PD _____	Date:
SECOND ENDORSEMENT:	
<input type="checkbox"/> Accepted. <input type="checkbox"/> Accepted conditionally. Attached comments must be incorporated in the next scheduled submission. <input type="checkbox"/> Rejected, comments attached. Resubmit no later than _____.	
Signature: Typed Name/Title: Date: Contracting Officer	
CC w/Encl.:	
CC w/o Encl.:	