

DATA ITEM TRANSMITTAL/ACCEPTANCE/REJECTION FORM

Contract: Delivery Order

CLIN/ELIN: TITLE:
Block 14 Distribution:

Doc. Ref. No.:

From:

To: U.S. Army Program Executive Officer, Simulation, Training and Instrumentation, 12350 Research Parkway, SFAE-STRI-KOP, Orlando, FL 32826 ATTN:

The above detailed CDRL item is forwarded for review and acceptance / rejection.
Sincerely,

Signature:
Typed Name/Title:

FIRST ENDORSEMENT: Date Received:

- Accepted.
- Accepted conditionally.
 - Attached comments must be incorporated into the next scheduled submission. (This block is for use with periodically submitted items only.)
 - Attached comments must be incorporated and resubmitted no later than _____.
- Rejected, comments attached. Change pages () are () not sufficient for correction. Contractor is allowed () 30 days or () ___ days to resubmit.

Signature: _____
Typed Name/Title: _____
Office Symbol: _____ Date: _____

VIA: _____ Date: _____

SECOND ENDORSEMENT:

- Accepted.
- Accepted conditionally.
 - Attached comments must be incorporated into the next scheduled submission.
 - Attached comments must be incorporated and resubmitted no later than _____.
- Rejected, comments attached. Resubmit no later than _____.

Signature: _____
Typed Name/Title: _____ Date: _____

CC w/Encl.:

CC w/o Encl.: