DEPARTMENT OF HEALTH AND HUMAN SERVICES
NATIONAL INSTITUTES OF HEALTH

# SHIPPING/TRANSFER ORDER & RECEIPT DOCUMENT

CONTRACT PROPERTY

1. DOC. NO. & DATE



NOTE: THIS FORM WILL BE USED FOR ALL SHIPMENTS/TRANSFERS OF GOVERNMENT PROPERTY INTO AND OUT OF NIH CONTRACTS. FOR OTHER TRANSFERS USE FORM NIH649.

**2. INSTRUCTIONS TO CONSIGNOR**

- [ ] 2a. Ship listed property to consignee by the safest and most economical mode of transportation (See Blocks 5 & 8 below)
- [ ] 2b. Release listed property to consignee who will arrange transportation.
- [ ] 2c. Transfer listed property to contract Indicated in Block 8b. No movement involved.
- [ ] 2d. Transfer listed property to consignee. No movement involved.

**3. INSTRUCTIONS TO CONSIGNEE**

Acknowledge receipt of property by signing Block 10 below. List all exceptions separately.

**DO NOT MAKE CHANGES ON THIS DOCUMENT.**

Return only last copy of this form.
Return all other copies to:

National Institutes of Health
Attn: Research Contracts Property Admin.
Bldg. Room
9000 Rockville Pike
Bethesda, MD 20892

**4. PAYMENT OF SHIPPING CHARGES WILL BE**

| | | |
|---|---|---|
| [ ] | 4a. PREPAID | Paid by consignor who may bill the government under contract indicated in Block 7b. |
| [ ] | 4b. COLLECT | Paid by consignee who may bill the government under contract indicated in Block 8b. |
| [ ] | 4c. GBL-COLLECT | Paid by government under GBL after receipt of shipment. (See Block 6 below) |

**5. SHIPPING ADDRESS (Consignee Destination)**

6. Carriers should forward freight bill and bill of lading to National Institutes of Health, Shipping & Receiving, Building 13, Room 13001, 9000 Rockville Pike, Bethesda, MD 20892. Phone (301) 496-6028

To expedite payment, refer to this account no. →

6a. CAN TO BE CHARGED

**7. TRANSFERRED FROM (Consignor)**

7a. *CONTRACTOR (OR ICD) SEE BLOCK 7h.

| | | |
|---|---|---|
| 7b. CONTRACT NO. | 7c. CUSTODIAL CODE | PIN |
| 7d. AUTHORITY | 7e. PLT. CLEAR CASE (PCC) | |
| 7f. PROPERTY ADMIN. | 7g. DATE | |

**8. TRANSFERRED TO (Consignee)**

8a. CONTRACTOR (OR ICD)

| | | |
|---|---|---|
| 8b. CONTRACT NO. | 8c. CUSTODIAL CODE | PIN |
| 8d. MARK FOR | [ ] 8e. AFFIX ENCLOSED DECALS EXACTLY AS SHOWN BELOW | |
| 8f. PROPERTY ADMIN. | 8g. DATE | |

***7h. CONSIGNOR CERTIFIES THAT THE PROPERTY LISTED BELOW IS FREE FROM ALL HAZARDS INCLUDING BIOLOGICAL, CHEMICAL, AND RADIOACTIVE CONTAMINATION.**

| ITEM NO. 9a. | DESCRIPTION. (INCLUDE NSN, MFGR, MODEL, TYPE, CAPACITY, DIMENSIONS, ETC.) 9b. | QUANTITY 9c. | MFGR. SERIAL NO. 9d. | NIH PROPERTY NO 9e. | COND. CODE 9f. | ACQUISITION COST 9g. |
|---|---|---|---|---|---|---|
| | | | | | | |

| 10. RECEIVING DATA (Consignee) | | 11. NIH PROCESSING DATA | | | 12. COST DATA | | |
|---|---|---|---|---|---|---|---|
| RECEIPT IS ACKNOWLED-GED EXCEPT AS NOTED | SIGNATURE & TITLE | PROP ACCT | BY | DATE | TOTAL NOR | TOTAL G/L | GRAND TOTAL |
| | | PROP UTIL | BY | DATE | $ | $ | $ |

| 13. Consignor is hereby relieved from accountability for listed property under contract indicated in Block 7b. | SIGNATURE | DATE |
|---|---|---|