

DATA ITEM TRANSMITTAL/ACCEPTANCE/REJECTION FORM

Contract W900KK-XX-X-XXXX-XXXX

CLIN/CDRL: _____ TITLE: _____

Block 14 Distribution: _____

Other: _____

Doc. Ref. No.: _____ Date: _____

From:

To:

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

Sincerely,

Signature:

Typed Name/Title:

FIRST ENDORSEMENT:

Date Received:

- () Accepted.
- () Accepted. Attached comments must be incorporated into the next scheduled submission. (This block is for use with periodically submitted items only.)
- () 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:

- () Accepted.
- () Accepted conditionally. Attached comments must be incorporated in the next scheduled submission.
- () Rejected, comments attached. Resubmit no later than _____.

Signature:

Typed Name/Title: _____ Date:

Contracting Officer

CC w/Encl.:

CC w/o Encl.: