

DATA ITEM DESCRIPTION			Form Approved OMB No 0704-0188	
1 TITLE REPORT OF SHIPPING (ITEM) AND PACKAGING DISCREPANCY		2 IDENTIFICATION NUMBER DI-MGMT-80503		
3 DESCRIPTION/PURPOSE 3.1 This report enables the contractor to notify the Government when freight contents do not agree with shipping documents. 3.2 The principal uses of this report are to provide the basic documents required to (a) support adjustment of property and financial inventory accounting records and (b) provide information as a basis for claims.				
4 APPROVAL DATE (YYMMDD) 871230	5 OFFICE OF PRIMARY RESPONSIBILITY (OPR) A/AMSMC-MMD	6a DTC APPLICABLE	6b GDEP APPLICABLE	
7 APPLICATION/INTERRELATIONSHIP 7.1 This Data Item Description (DID) contains the format and content preparation instructions for the data generated by the specific and discrete task requirement for this data included in the contract. 7.2 This DID is applicable when contractors receive Government materiel during performance of defense contracts.				
8 APPROVAL LIMITATION		9a APPLICABLE FORMS SF 364	9b AMSC NUMBER A4284	
10 PREPARATION INSTRUCTIONS 10.1 <u>Format.</u> Requested information shall be provided on SF 364. (See Figure 1) 10.2 <u>Content.</u> 10.2.1 Indicate whether shipping discrepancy or packaging discrepancy by placing an "X" in appropriate box at top of form. Mailing envelopes shall be conspicuously marked "SF 364." 10.2.2 <u>Item 1 - DATE OF PREPARATION.</u> Report is prepared in sequence of year, month, and day. This sequence should also be used in all date entries. For example, March 23, 1987, is written 87 MAR 23 and June 1, 1987, is written 87 JUN 01. 10.2.3 <u>Item 2 - REPORT NUMBER.</u> The REPORT NUMBER is made up of the contract DOD Activity Address Code (DODAAC), followed by a four digit number. This four-digit number will start with 0001 and go to 9999 or to the end of the calendar year. The first number of each year will always be 0001. 10.2.4 <u>Item 3 - TO.</u> In-the-clear Name, Address, ZIP Code and DODAAC or Routing Identifier Code (RIC) and attention symbol or code of action activity. When both shipping-type (item) discrepancies and packaging discrepancies are reported for the same item, enter "see item 15" and enter addresses or codes of both action activities in item 15. (Continued on Page 2)				
11 DISTRIBUTION STATEMENT DISTRIBUTION STATEMENT A: Approved for public release; distribution is unlimited.				

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Block 10, Preparation Instructions (Continued)

10.2.5 Item 4 - FROM. Name, address and ZIP code of the reporting activity (consignee). The "in-the-clear" address will be entered.

10.2.6 Item 5a - SHIPPER'S NAME. Enter name and address of shipper (consignor) when different from item 3.

10.2.7 Item 5b - NUMBER AND DATE OF INVOICE. Enter number and date of vendor's invoice or shipper's bill number. Attach copy of invoice to SF 364. (Not applicable to packaging discrepancies).

10.2.8 Item 6 - TRANSPORTATION DOCUMENT. Enter the type of transportation document, Government bill of lading (GBL), commercial bill of lading (CBL), manifest, waybill, insured or certified parcel post number, or transportation control and movement document (TCMD) and the identifying number assigned to such document. This is a mandatory entry when shipment received was made via traceable means (e.g., GBL, CBL). Further, for shipment (item) type discrepancies, include following statement in item 12-- "Shortage has been verified as not being transportation related."

10.2.9 Item 7a - SHIPPER'S NUMBER. Enter shipment number (when more than one shipment is made under a contract or requisition) and contract or document number (e.g., contract, purchase order).

10.2.10 Item 7b - OFFICE ADMINISTERING CONTRACT. Name, Address, and ZIP Code of the contract administration office (CAO) which directed or arranged shipment.

10.2.11 Item 8 - REQUISITIONER'S NUMBER. Enter the requisitioning activity's number (e.g., requisition, purchase request). Entry of the applicable requisition document number is mandatory in all instances, even though a contract or purchase order is involved.

10.2.12 Item 9a - NSN OR PART NUMBER AND NOMENCLATURE. If item received is different from item shown on shipping documents, or different from item ordered, show each item on a separate line. For serial numbered principal items, list the item individual serial number first, followed by the discrepancies applicable to that serial number.

10.2.13 Item 9b - UNIT OF ISSUE. Enter unit of issue as billed or indicated on shipping document for each item listed in item 9a. (Not applicable to packaging discrepancies.)

10.2.14 Item 9c - QUANTITY SHIPPED OR BILLED. Enter quantity of item shipped or billed. When code C1 is applicable, enter the quantity and the supply condition code of the item when shipped (e.g., 980A), as shown on the shipping document. (Not applicable to packaging discrepancies.)

10.2.15 Item 9d - QUANTITY RECEIVED. Enter quantity of item received.

10.2.16 Item 10a - DISCREPANCY QUANTITY. Enter the discrepant quantity. If code C1 is applicable, enter the quantity and the supply condition code of the item received. If total quantity received is classified under more than one condition code, enter separately each partial quantity so classified, followed by the applicable condition code (e.g., 960A, 20F).

10.2.17 Item 10b - DISCREPANCY UNIT PRICE. Enter the unit price as billed or shown on shipping document. (Not applicable to packaging discrepancies.)

10.2.18 Item 10c - DISCREPANCY TOTAL COST. For shipping-type (item) discrepancies, enter the total value of materiel (10a x 10b). For packaging deficiencies, enter cost of correct item.

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Block 10, Preparation Instructions (Continued)

10.2.19 Item 10d - DISCREPANCY CODE. Nature of discrepancy using the discrepancy codes listed on the face of the form. If a condition exists that is not listed, use code Z1 and describe discrepancy in item 12, remarks.

10.2.20 Item 11 - ACTION CODE. Enter requested action from codes listed on face of the form. If action is other than those covered by listed action codes, use code IZ and explain action requested in item 12, remarks.

10.2.21 Item 12 - REMARKS. Use for any supplemental information where the combination of discrepancy codes and action codes needs clarification; where shipping-type (item) discrepancies and packaging discrepancies need explanation, and where a breakout of cost to reports in terms of time and materials is required. Also enter specific data such as appearance, lot or batch number, manufacture or packaging date, inspector number and inspection date, probable cause of improper packaging, and suggested corrective action. When reporting shortages or nonreceipt of items shipped by parcel post to GSA, a statement must be included in item 12 to indicate whether all packages shown as shipped in item 5 of GSA Form 1348-1 were received. Include telephone number (Automatic Voice Network (AUTOVON) and commercial) of the individual to be contacted for additional information if different from item 14a. If medical materiel requiring refrigeration or frozen storage is involved, provide the information requested on the special instruction sheet which is included with shipments of such materiel. Provide photos where it would assist the shipping activity in determining the cause of the discrepancy or deficiency. For component shortages to principal items, sets, kits and outfits; cite the reference(s) used, to include the effective date and change number, to determine the shortage (i.e., a hand receipt, packing list, technical manual drawing or supply catalog). Receiving activities should emphasize the use of packing lists whenever available for the determination of shortages.

10.2.22 Item 13 - FUNDING AND ACCOUNTING DATA. For packaging discrepancies, enter the accounting or appropriation data needed by the action activity to credit the account of the reporting activity for costs involved in correcting the reported discrepancies. This item does not apply to shipping-type (item) discrepancies.

10.2.23 Item 14a - TYPED OR PRINTED NAME, TITLE AND PHONE NUMBER OF PREPARING OFFICIAL. Self-explanatory. When non-DOD action activities are involved include both commercial and AUTOVON numbers.

10.2.24 Item 14b - SIGNATURE. Self-explanatory.

10.2.25 Item 15 - DISTRIBUTION ADDRESSES FOR COPIES. The reverse of SF 364 is to be completed by the action activity.

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10. PREPARATION INSTRUCTIONS (Continued)

At the time this DID was approved, revision of this form to display the appropriate OMB Control Number was forthcoming.

REPORT OF DISCREPANCY (ROD)		1. DATE OF PREPARATION	2. REPORT NUMBER
<input type="checkbox"/> SHIPPING <input type="checkbox"/> PACKAGING			
3. TO (Name and address include ZIP Code)		4. FROM (Name and address include ZIP Code)	
5a. SHIPPER'S NAME		5b. NUMBER AND DATE OF INVOICE	6. TRANSPORTATION DOCUMENT NUMBER (GEL, Waybill, TCK, etc.)
7a. SHIPPER'S NUMBER (Purchase Order/shipment, Contract, etc.)	7b. OFFICE ADMINISTERING CONTRACT	8. REQUISITIONER'S NUMBER (Requisition, Purchase Request, etc.)	
9. SHIPMENT, BILLING, AND RECEIPT DATA			
NSN/PART NUMBER AND NOMENCLATURE (a)	UNIT OF ISSUE (b)	QUANTITY SHIPPED/BILLED (c)	QUANTITY RECEIVED (d)
10. DISCREPANCY DATA			11. ACTION CODE
QUANTITY (a)	UNIT PRICE (b)	TOTAL COST (c)	CODE (d)
12. REMARKS (Continue on separate sheet of paper if necessary)			

1 DISCREPANCY CODES	2 ACTION CODES
CONDITION OF MATERIAL C1 - In condition other than that indicated on receipt/receipt document C2 - Expired shelf life C3 - Damaged parcel post shipment SUPPLY DOCUMENTATION D1 - Not received D2 - Incomplete or mutilated D3 - Incomplete improper or without authority (Only when receipt cannot be properly processed) MISDIRECTED MATERIAL M1 - Appressed to wrong activity OVERAGE/DUPLICATE SHIPMENTS O1 - Quantity in excess of that on receipt document O2 - Quantity in excess of that requested (Other than unit of issue pack) O3 - Quantity duplicate shipment PACKING DISCREPANCY P1 - Improper preservation P2 - Improper packing P3 - Improper marking P4 - Improper utilization	PRODUCT QUALITY DEFICIENCIES Q1 - Deficient material (Applicable to Great Air and FMS shipments only) SHORTAGE OF MATERIAL S1 - Quantity less than that on receipt document S2 - Quantity less than that requested (Other than unit of issue pack) S3 - Non-receipt of parcel post shipments ITEM TECHNICAL DATA MARKINGS (i.e., Name Plates, Log Books, Operating Handbooks, Special Instructions, etc.) T1 - missing T2 - Incomplete or mutilated T3 - Precautionary operational markings missing T4 - Inspection data missing or incomplete T5 - Serviceability operating data missing or incomplete T6 - Warranty data missing WRONG ITEM IDENTIFY requested item as a separate copy in item's data? W1 - Incorrect item received W2 - Unacceptable substitute OTHER DISCREPANCIES Z1 - See remarks
	1A - Disposition instructions requested (Reply on reverse) Material being retained (See remarks) 1B - Supporting supply documentation requested 1C - Material still required expedite shipment (Not applicable to FMS) 1D - Local purchase material to be returned at supplier's expense unless disposition instructions to the contrary are received within 15 days (Reply on reverse) (Not applicable to FMS) Replacement shipment requested (Not applicable to FMS) 1E - Reshipment not required item to be re-requisitioned. 1F - No action required. Information only 1G - Other action requested (See remarks)

13. FUNDING AND ACCOUNTING DATA	
14a. TYPED OR PRINTED NAME, TITLE, AND PHONE NUMBER OF PREPARING OFFICIAL	14b. SIGNATURE
15. DISTRIBUTION ADDRESSES FOR COPIES	

384-1C

7540-00-155-4442

(Previous edition is obsolete.)

STANDARD FORM 364 (REV. 2-70)
Prescribed by GSA FPMR 101-26.8

FIGURE 1. Report of Discrepancy

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10. PREPARATION INSTRUCTIONS (Continued)

16. FROM	17. DISTRIBUTION ADDRESSEES FOR COPIES
18. TO:	
<div style="text-align: right; padding-right: 50px;"> Use window envelope to mail this document. Insert name and address, including ZIP Code, starting one typing space below the left dot. Each address line must NOT extend beyond right dot. Address must not exceed four single space typing lines. </div>	
19. IN ACCORDANCE WITH NOTICE OF DISCREPANCY ON FACE OF THIS FORM	
a. MATERIAL <input type="checkbox"/> WAS BEEN <input type="checkbox"/> WILL BE SHIPPED c. <input type="checkbox"/> AN ADJUSTMENT IN BILLING HAS BEEN/WILL BE PROCESSED AS A. <input type="checkbox"/> CREDIT <input type="checkbox"/> DEBIT	b. <input type="checkbox"/> NO RECORD OF SHIPMENT. RESUBMIT REPORT TO PROPER OFFICE UNDER APPROPRIATE REGULATION. d. <input type="checkbox"/> INVOICE/BILL ATTACHED <input type="checkbox"/> PROOF OF DELIVERY (Parcel Post Shipments) OR EVIDENCE OF SHIPMENT ENCLOSED
f. <input type="checkbox"/> AN ADJUSTMENT IN BILLING FOR THE REPORTED DISCREPANCY WILL NOT BE PROCESSED FOR THE FOLLOWING REASON WHICH IS CITED IN THE INDICATED REGULATION.	
(1) REASON FOR NOT PROCESSING (a) DISCREPANCY WAS NOT REPORTED WITHIN THE TIME FRAMES ALLOWED AND/OR (b) DOLLAR VALUE DOES NOT MEET THE CRITERIA PRESCRIBED IN THE REGULATION OR AGREEMENT INDICATED IN 19(1)(2)	(2) PRESCRIBING REGULATION (a) CHAPTER 5 OF THE GSA HANDBOOK, DISCREPANCIES OR DEFICIENCIES IN GSA OR DOD SHIPMENTS, MATERIAL OR BILLINGS (FPMR 101-26.5) (b) CHAP. 2 AND/OR 7 OF DOD 4000.25-7-M MILITARY STANDARD BILLING SYSTEM (MILSBILLS) AND/OR DD 1513, U.S. DOD OFFER AND ACCEPTANCE, AS APPLICABLE.
20. THE FOLLOWING DISPOSITION IS TO BE MADE OF THE REFERENCED MATERIAL:	
a. <input type="checkbox"/> PROCESS FOR DISPOSAL IN ACCORDANCE WITH SERVICE/AGENCY DIRECTIVES.	b. <input type="checkbox"/> REPRESENTATIVE WILL CALL FOR DISCUSSION CONCERNING DISPOSITION IN: _____ DAYS
c. <input type="checkbox"/> RETAIN MATERIAL AT NO CHARGE.	d. <input type="checkbox"/> MATERIAL WILL BE PICKED UP IN: _____ DAYS
e. <input type="checkbox"/> SHIP MATERIAL (Specify location):	
(1) <input type="checkbox"/> OBL APPROPRIATION CHARGEABLE; (2) <input type="checkbox"/> CHARGES COLLECT-VIA: <input type="checkbox"/> FREIGHT <input type="checkbox"/> EXPRESS <input type="checkbox"/> PARCEL POST (3) <input type="checkbox"/> PARCEL POST LABEL ATTACHED	(4) <input type="checkbox"/> FREIGHT PREPAID (f) _____ postage advanced herewith. NOTE: Please enclose postage. Material cannot be returned Parcel Post collect.)
f. <input type="checkbox"/> OTHER (Specify) _____	
21. <input type="checkbox"/> IF MATERIAL IS STILL REQUIRED, SUBMIT NEW REQUISITION	22. <input type="checkbox"/> REPLACEMENT WITH SATISFACTORY MATERIAL WILL BE MADE ON OR BEFORE: _____ DATE
23. REMARKS (Continue on separate sheet of paper if necessary)	
24a. TYPED OR PRINTED NAME AND PHONE NUMBER OF PREPARING OFFICIAL	24b. SIGNATURE
24c. DATE	

FIGURE 1. Report of Discrepancy - continued