

Indicate whether shipping discrepancy or packaging discrepancy by placing an "X" in the appropriate box at top of form. Mailing envelopes will be conspicuously marked "SF-364."

Item Number and Title	Instructions
1. Date of Preparation	Report is prepared in sequence of year, month, and day. This sequence should also be used in all date entries. For example, March 23, 1988 is written 88 MAR 23 and June 1, 1988 is written 88 JUN 01.
2. Report Number	The country and record control number must be shown for Grant Aid as part of the report number.
3. To	Name, Address, ZIP Code, and Activity Address Code or Routing Identifier Code and attention symbol/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 and/or codes of both action activities in item 15.
4. From	Name, Address and ZIP Code of the reporting activity (consignee).
5a. Shipper's Name	Enter name, address of shipper (consignor) when different from item 3.
5b. Invoice No. and Date	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.)
6. Transportation Document	Enter the type of transportation document, GBL, CBL, manifest, waybill, insured/certified parcel post number, or 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 type (item) discrepancies include the following statement in item 12: "Shortage has been verified as not being transportation related."
7a. Shipper's Number	Enter shipment number (when more than one shipment is made under a contract or requisition) and contract/document number (e.g., contract, purchase order).
7b. Office Administering Contract	Name, Address, and ZIP Code of the CAO (CAO activity which directed/arranged shipment).

8. Requisitioner's Number Enter 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/purchase order is involved.
- 9a. NSN/Part Number and Nomenclature If item received is different than item shown on shipping documents, or different from item ordered, show each item on a separate line. For serial numbered principal items, sets, kits and outfits; list the item individual serial number first, followed by the discrepancies applicable to that serial number. (Note Sets, kits and outfits showing an assembly order number, the assembly order number should be listed also.)
- 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.)
- 9c. Quantity Shipped/Billed Enter quantity of item shipped or billed.
- 9d. Quantity Received Enter quantity of item received.
- 10a. Discrepancy Quantity Enter the discrepant quantity.
- 10b. Discrepancy Unit Price Enter the unit price as billed or shown on shipping document. (Not applicable to packaging discrepancies.)
- 10c. Discrepancy Total Cost For shipping-type (item) discrepancies, enter the total value of materiel (10a x 10b). For packaging deficiencies, enter cost of corrective action.
- 10d. Discrepancy Code Nature of the 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.
11. Action Code Enter requested action from codes listed on the face of the form. If action is other than that covered by listed action codes, use 1Z and explain action requested in item 12, remarks. Action code 1D or 1F will not be used on reports prepared to cover shipments of DoD stock funded items and from GSA. Materiel still required must be re-requisitioned. Action code 1E applies only to local purchase items.

12. Remarks **General conditions.** Use for any supplemental information where the combination of discrepancy codes and action codes need clarification or explanation and where a breakdown of costs to reports in terms of time and materials is required. Specific data such as appearance, lot/batch number, manufacturer/packaging date, inspector number and inspection date, probable cause of improper packaging and suggested corrective action. Include DSN and commercial telephone numbers of the person to be contacted if different than what is entered in item 14a. Provide photos where it would assist the shipping activity in determining the cause of the discrepancy/deficiency.
13. Funding and Accounting Data For packaging discrepancies, enter the accounting/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.
- 14a. Typed or Printed Name, and Telephone Number of Preparing Official Self-explanatory. When non-DoD action activities are involved, include both commercial and DSN number.
- 14b. Signature Self-explanatory.
15. Distribution Addressees for Copies Enter other addressees receiving copies of the report.

***The reverse of SF-364 is to be completed by the action activity.***

16. From The address of the activity preparing the reply.
17. Distribution Addressees for Copies Enter addressees receiving copies of the reply in addition to addressee listed in 18.
18. To Enter address of the activity indicated in item 4 on face of the form.
19. Action Advice Enter advice of action taken by responsible action office by placing an "X" in appropriate box(es).
20. Disposition Enter disposition instructions by placing an "X" in appropriate box(es).
21. Materiel Required Enter an "X" to indicate to the reporting activity that a new requisition is required if the materiel is still needed.

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| 22.  | Replacement  | Enter an "X" to indicate a replacement shipment will be made and the approximate date of the shipment.   |
| 23.  | Remarks  | Enter any clarification or information necessary for a complete reply. Enter corrective action taken to preclude future packaging discrepancies. |
| 24a. | Typed or Printed Name and Telephone Number of Preparing Official | Self-explanatory. When item 18 is a non-DoD activity include both commercial and DSN numbers   |
| 24b. | Signature  | Self-explanatory.  |
| 24c. | Date   | Self-explanatory.  |

<b>REPORT OF DISCREPANCY (ROD)</b>				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 (GBL, Waybill, TCN, 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				10. DISCREPANCY DATA				11. AC- <sup>2</sup> TION CODE	
NSN/PART NUMBER AND NOMENCLATURE (a)		UNIT OF ISSUE (b)	QUANTITY SHIPPED/ BILLED (c)	QUANTITY RECEIVED (d)	QUAN- TITY (a)	UNIT PRICE (b)	TOTAL COST (c)		CODE <sup>1</sup> (d)
12. REMARKS (Continue on separate sheet of paper if necessary)									

1 DISCREPANCY CODES		2 ACTION CODES	
<b>CONDITION OF MATERIAL</b> C1 -- In condition other than that indicated on release/receipt document C2 -- Expired shelf life C3 -- Damaged parcel post shipment <b>SUPPLY DOCUMENTATION</b> D1 -- Not received D2 -- Illegible or mutilated D3 -- Incomplete improper or without authority (Only when receipt cannot be properly processed) <b>MISDIRECTED MATERIAL</b> M1 -- Addressed to wrong activity <b>OVERAGE/DUPLICATE SHIPMENTS</b> O1 -- Quantity in excess of that on receipt document O2 -- Quantity in excess of that requested (Other than unit of issue pack) O3 -- Quantity duplicates shipment <b>PACKING DISCREPANCY</b> P1 -- Improper preservation P2 -- Improper packing P3 -- Improper marking P4 -- Improper unitization	<b>PRODUCT QUALITY DEFICIENCIES</b> Q1 -- Deficient material (Applicable to Grant Aid and FMS shipments only) <b>SHORTAGE OF MATERIAL</b> 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 <b>ITEM TECHNICAL DATA MARKINGS (i.e., Name Plates, Log Books, Operating Handbooks, Special Instructions, etc.)</b> T1 -- Missing T2 -- Illegible or mutilated T3 -- Precautionary operational markings missing T4 -- Inspection data missing or incomplete T5 -- Serviceability operating data missing or incomplete T6 -- Warranty data missing <b>WRONG ITEM (Identify requested item as a separate copy in Item 9 above)</b> W1 -- Incorrect item received W2 -- Unacceptable substitute <b>OTHER DISCREPANCIES</b> Z1 -- See remarks	1A -- Disposition instructions requested (Reply on reverse) 1B -- Material being retained (See remarks) 1C -- Supporting supply documentation requested 1D -- Material still required expedite shipment (Not applicable to FMS) 1E -- 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) 1F -- Replacement shipment requested (Not applicable to FMS) 1G -- Reshipment not required. Item to be re-requisitioned. 1H -- No action required. Information only 1Z -- 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 ADDRESSEES FOR COPIES	

16. FROM:

17. DISTRIBUTION ADDRESSEES FOR COPIES

18. TO:

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.

19. IN ACCORDANCE WITH NOTICE OF DISCREPANCY ON FACE OF THIS FORM:

Fold here

a. MATERIAL <input type="checkbox"/> HAS BEEN <input type="checkbox"/> WILL BE SHIPPED	DOCUMENT NUMBER	b. <input type="checkbox"/> NO RECORD OF SHIPMENT. RESUBMIT REPORT TO PROPER OFFICE UNDER APPROPRIATE REGULATION.
c. <input type="checkbox"/> AN ADJUSTMENT IN BILLING HAS BEEN/WILL BE PROCESSED AS A: <input type="checkbox"/> CREDIT <input type="checkbox"/> DEBIT	d. <input type="checkbox"/> INVOICE/BILL ATTACHED	e. <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	(2) PRESCRIBING REGULATION
(a) DISCREPANCY WAS NOT REPORTED WITHIN THE TIME FRAMES ALLOWED AND/OR	(a) CHAPTER 5 OF THE GSA HANDBOOK, DISCREPANCIES OR DEFICIENCIES IN GSA OR DOD SHIPMENTS, MATERIAL, OR BILLINGS (FPMR 101-26.8)
(b) DOLLAR VALUE DOES NOT MEET THE CRITERIA PRESCRIBED IN THE REGULATION OR AGREEMENT INDICATED IN 19(2)	(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"/> GBL APPROPRIATION CHARGEABLE:	(2) <input type="checkbox"/> CHARGES COLLECT-VIA: <input type="checkbox"/> FREIGHT <input type="checkbox"/> EXPRESS <input type="checkbox"/> PARCEL POST	(\$ _____ postage advanced herewith. NOTE: Please enclose postage. Material cannot be returned Parcel Post collect.)
(3) <input type="checkbox"/> PARCEL POST LABEL ATTACHED	(4) <input type="checkbox"/> FREIGHT PREPAID	
f. <input type="checkbox"/> OTHER (Specify)		

Fold here

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
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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
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