

<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 ADMINISTRATION CONTRACT		8. REQUISITIONER'S NUMBER (Requisition, Purchase Request, etc)				
9. SHIPMENT, BILLING, AND RECEIPT DATA				10. DISCREPANCY DATA				11. AC-2 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	
<p><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</p> <p><b>SUPPLY DOCUMENTATION</b>            D1 — Not received            D2 — Illegible or mutilated            D3 — Incomplete improper or without authority (Only when receipt cannot be properly process)</p> <p><b>MISDIRECTED MATERIAL</b>            M1 — Addressed to wrong activity</p> <p><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</p> <p><b>PACKING DISCREPANCY</b>            P1 — Improper preservation            P2 — Improper packing            P3 — Improper marking            P4 — Improper unitization</p>	<p><b>PRODUCT QUALITY DEFICIENCIES</b>            Q1 — Deficient material (Applicable to Grant Aid and FMS shipments only)</p> <p><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</p> <p><b>ITEMS TECHNICAL DATA MARKINGS (i.e. Name Plates, Log Books, Opening 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</p> <p><b>WRONG ITEM (Identify requested item as a separate copy in item 9 above)</b>            W1 — Incorrect item received            W2 — Unacceptable substitute</p> <p><b>OTHER DISCREPANCIES</b>            Z1 — See remarks</p>	<p>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)</p>

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
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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 singles space typing lines.
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19. IN ACCORDANCE WITH NOTICE OF DISCREPANCY ON FACE OF THIS FORM:

a. MATERIAL <input type="checkbox"/> HAS BEEN SHIPPED <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 SHIPMENTS 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 19f(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 ( <i>Specify location</i> ):		
(1) <input type="checkbox"/> GBL APPROPRIATIONS 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 to returned Parcel Post collect.)		
(3) <input type="checkbox"/> PARCEL POST LABEL ATTACHED    (4) <input type="checkbox"/> FREIGHT PREPAID		

f.  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
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23. REMARKS (*Continue on separate sheet of paper if necessary*)

  
  
  
  
  

24a. TYPED OR PRINTED NAME AND PHONE NUMBER OF PREPARING OFFICAL	24b. SIGNATURE	24c. DATE
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