

**DATA ITEM TRANSMITTAL/ACCEPTANCE/REJECTION FORM**  
Contract N61340XXFXXXX

CLIN/SLIN: \_\_\_\_/\_\_\_\_ TITLE: \_\_\_\_\_  
Block 14 Distribution: \_\_\_\_\_  
Other: \_\_\_\_\_

Doc. Ref. No.: \_\_\_\_\_ Date: \_\_\_\_\_

From:  
To: NAWCTSD, 12211 Science Drive, GT22200, Orlando, FL 32826-3275 ATTN: \_\_\_\_\_

The above detailed CDRL item is forwarded for review and acceptance/ rejection. This item is due \_\_\_\_\_  
The Government review period is \_\_\_\_ days.

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: \_\_\_\_\_  
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: \_\_\_\_\_  
Contracting Officer  
Date: \_\_\_\_\_

CC w/Encl.:

CC w/o Encl.: