

DATA ITEM TRANSMITTAL/ACCEPTANCE/REJECTION FORM
NAVAIR ETXT.246-9512
(SECTION E)

Contract: TBD	
CLIN/SLIN: ____/____ TITLE: _____ Block 14 Distribution: _____ Other: _____	
Doc. Ref. No.: _____ Date: _____ From: To: Naval Air Warfare Center Aircraft Division, ADDRESS, ATTN: COR The above detailed CDRL item is forwarded for review and acceptance/ rejection. This item is due _____. The Government review period is ____ days. <div style="text-align: right;">Sincerely, Signature: _____ Typed Name/Title: _____</div>	
ENDORSEMENT:	Date Received: _____ <input type="checkbox"/> Accepted. <input type="checkbox"/> Accepted. Attached comments must be incorporated into the next scheduled submission. <input type="checkbox"/> Rejected, comments attached. Change pages <input type="checkbox"/> are <input type="checkbox"/> not sufficient for correction. Contractor is allowed <input type="checkbox"/> 30 days or <input type="checkbox"/> ____ days to resubmit. <div style="text-align: right;">Signature: _____ Typed Name/Title: _____ Code: _____ Date: _____</div>
Return to Contractor Via:	Date:
CC w/Encl.:	
CC w/o Encl.:	