

**ACCOUNTS PAYABLE FORM**

CCC Received Date:

Payment Due Date:

Work Order (optional):

PO # (optional):

Currency Code:

Supplier Invoice #

GRN Dispatch #

AP Transaction #

CCC Invoice #

Payment Terms

Due Diligence.....

Payment Adjustments:

Revised Payment Information – to be used for any updates after PA signature

PA Signature :

Finance Signature:

Payment Adjustment Details - Enter details and record clearly the total amount to be paid**Check box if you are attaching documents with the details.****Paid When Paid (PWP)** -**Payment info attached****Payment info. in N Drive (for 7+ invoices)****Additional Comments to Note: (Optional)**

RECEIVING REPORT

(Please look in WAWF for signed copy)

Processed

Contract Number *****0077	Delivery Order	Shipment Number ****145	Invoice Number	FMS Case Identifier **-WAE
Contract Number Type DoD Contract (FAR)	Effective Date 2009/11/24	Reference Procurement Identifier	<input checked="" type="checkbox"/> Supplies <input type="checkbox"/> Services	<input type="checkbox"/> C.o.C. <input type="checkbox"/> A.R.P.

Shipping Information:

Shipment Number ****145	Shipment Date 2021/06/18	Final Shipment N	Inspection Point S	Acceptance Point S	Estimated Delivery Date
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☐ **Submit Transportation Data Later** **Transportation Account Code**

TCN	Serial Shipping Container Code	Transportation Method/Type	Gross Weight	Cube	FOB S
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Special Package Markings / Special Handling Requirements

Transportation Leg	Standard Carrier Alpha Code	Bill of Lading Number	Bill of Lading Type
Secondary Transportation Tracking Number		Secondary Transportation Tracking Type	
Secondary Transportation Tracking Description			

Summary of Detail Level Information

1 CLIN/SLIN/ELIN(s)

Total
\$1,891.84

Address Information:

Prime Contractor
CAGE Code: 98247 DUNS: ****84594 Extension: 56161
Name: CANADIAN COMMERCIAL CORPORATION
350 ALBERT ST SUITE 700
OTTAWA ON K1A 0S6 CAN

Administered By
Code: ***01A
Name: _____

OTTAWA ON
OTTAWA ON CAN

Ship To
DoDAAC: ***002
Name: _____

US

Payment Official
DoDAAC: ***337
Name: _____

Accept By
DoDAAC: ***01A Extension: -----
Name: _____

OTTAWA ON
OTTAWA ON CAN

Ship From
Code: 56161 DUNS: ****56876
Name: _____

Inspect By
DoDAAC: ***01A Extension: -----
Name: _____

OTTAWA ON
OTTAWA ON CAN

Mark For
DoDAAC: ***A00
Name: _____

SA

Issue By
DoDAAC: ***HZV
Name: _____

Line Item Information:

Material Inspection and Receiving Report in accordance with DFARS Appendix F. Paper DD Form 250 is usable in lieu of this document on an exception basis.

RECEIVING REPORT

(Please look in WAWF for signed copy)

Processed

Contract Number	Delivery Order	Shipment Number	Invoice Number	FMS Case Identifier			
*****0077		****145		**-WAE			
Item No	Product/Service ID		Unit Price	Unit of Issue	Qty Shipped	Actual Qty.	Amount
*****	ExhibitPC		\$1,891.84	LO	0	55	\$1,891.84
	Qualifier	AAA	ACRN	GFE	Project Code		
	VP		BL	N			
	Special Package Markings / Special Handling Requirements						
	PR Number						
	Type Designation Method						
	Type Designation Value						
	Description						
	FFPL #48 BDAR SPARE PARTS LIST O 1 L O \$ 126,838.94000 \$ 126,838.94 COMMODITY NAME: BDAR Spare Parts CLIN						
	CONTRACT TYPE: Firm Fixed Price PRON: J502TU34EH PRON AMD: 01 ACRN: BL AMS CD: WAE025 PSC: 5342						
	CUSTOMER ORDER NO: J5UWAE25EHSI FMS COUNTRY/CASE: SI/WAE Sub-CLIN 0024DD is added by Modification						
	P00285. Contractor shall deliver specific items and quantities identified in Exhibit PC IAW Section C.5.13.6. ELINs PC073						
	PC075 PC076 DELIVERY 2887902						
	Milstrip Document No.						
	*****1274E709Y						

TOTAL: \$1,891.84

Misc. Information:

Initiator Information

Name:
Title: Kit Planner
Phone #:
DSN:
Email:
Org Email:

Date of Action: 2021/06/17 1721 UTC
Action(s): Submitted Web, Stand Alone

Comments:

MarkFor Representative:

MarkFor Secondary:

Attachment(s):

*****0077_P00285.pdf
****902.pdf
****145_CONTENTS.xlsx

Inspector Information

Name:
Title: Quality Assurance
Phone #:
DSN:
Email:
Org Email:

Date of Action: 2021/06/17 1816 UTC
Action(s): Block Accepted Processed via EDI

Comments:

MarkFor Representative:

RECEIVING REPORT

(Please look in WAWF for signed copy)

Processed

**Contract
Number**
*****0077

Delivery Order

Shipment Number
****145

Invoice Number

FMS Case Identifier
**-*-WAE

MarkFor Secondary:

Attachment(s):