



Department of Veterans Affairs

VA DATE STAMP
 (DO NOT WRITE IN THIS SPACE)

RECEIPT OF SUPPLIES
(Chapter 31 - Veteran Readiness and Employment)

INSTRUCTIONS: Before completing this form, read the Privacy Act and Respondent Burden on page 2. Claimants must use this form to verify receipt of the goods and/or services requested on VAF 28-1905m and approved by the Department of Veterans Affairs. For more information, contact us at <https://www.va.gov/contact-us/>, or call us toll-free at 800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the Federal relay number is 711. VA forms are available at www.va.gov/vaforms. After completing the form, if returning by mail, mail to: Veteran Readiness and Employment (VR&E) Intake Center, Department of Veterans Affairs, P.O. Box 5210, Janesville, WI 53547-5210.

SECTION I: CLAIMANT'S IDENTIFICATION INFORMATION

NOTE: You may complete the form online or by hand. If completed by hand, print the information requested in ink, neatly and legibly, insert one letter per box, and completely fill in each applicable circle to help expedite processing of the form.

1. CLAIMANT'S NAME (*First, Middle Initial, Last*)

2. VA FILE NUMBER

3. ADDRESS TO WHERE SUPPLIES AND EQUIPMENT WERE DELIVERED TO CLAIMANT (*Number and street or rural route, P.O. Box, City, State, ZIP Code and Country*)

No. & Street
 Apt./Unit Number City
 State/Province Country ZIP Code —

SECTION II: CLAIMANT'S VERIFICATION OF RECEIPT OF GOODS AND/OR SERVICES

INSTRUCTIONS: This form is used to verify the claimant's receipt of the goods and/or services requested on VA Form 28-1905m on the following date — — and approved by VA. The claimant must certify receipt of goods and/or services by completing the requested information, signing, and dating the appropriate data fields below.

WAS ITEM RECEIVED?	NAME OF ITEM AND DESCRIPTION (Specifications, Size, etc.)	QUANTITY (Set, Pair, etc.)	DATE OF RECEIPT
<input type="checkbox"/> Yes <input type="checkbox"/> No			— —
<input type="checkbox"/> Yes <input type="checkbox"/> No			— —
<input type="checkbox"/> Yes <input type="checkbox"/> No			— —
<input type="checkbox"/> Yes <input type="checkbox"/> No			— —
<input type="checkbox"/> Yes <input type="checkbox"/> No			— —
<input type="checkbox"/> Yes <input type="checkbox"/> No			— —
<input type="checkbox"/> Yes <input type="checkbox"/> No			— —
<input type="checkbox"/> Yes <input type="checkbox"/> No			— —

WAS ITEM RECEIVED?	NAME OF ITEM AND DESCRIPTION (Specifications, Size, etc.)	QUANTITY (Set, Pair, etc.)	DATE OF RECEIPT
<input type="checkbox"/> Yes <input type="checkbox"/> No			- -
<input type="checkbox"/> Yes <input type="checkbox"/> No			- -
<input type="checkbox"/> Yes <input type="checkbox"/> No			- -
<input type="checkbox"/> Yes <input type="checkbox"/> No			- -
<input type="checkbox"/> Yes <input type="checkbox"/> No			- -
<input type="checkbox"/> Yes <input type="checkbox"/> No			- -
<input type="checkbox"/> Yes <input type="checkbox"/> No			- -
<input type="checkbox"/> Yes <input type="checkbox"/> No			- -

COMMENTS ON ANY DAMAGED ITEM LISTED ABOVE (Use this space to comment on any item that was damaged upon receipt. If the item was not accepted due to the damage, please indicate this. If more space is needed, additional pages may be attached).

SECTION III: CERTIFICATION AND SIGNATURE

I CERTIFY THAT I have filled this form out completely and that it is true and correct to the best of my knowledge and belief.

4A. CLAIMANT'S SIGNATURE (**REQUIRED**)

4B. DATE SIGNED (MM/DD/YYYY)

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PENALTY: The law provides severe penalties (including fine and/or imprisonment) for willfully submitting any statement or evidence of a material fact you know to be false, or for fraudulent receipt of any document you are not entitled to.

PRIVACY ACT NOTICE: The responses you submit are considered confidential (38 U.S.C. 5701). Your obligation to respond is required in order to obtain benefits. VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Veteran Readiness and Employment Records - VA, published in the Federal Register. Information that you furnish may be utilized in computer matching programs with other Federal or State agencies for the purpose of determining your eligibility to receive VA benefits, as well as to collect any amount owed to the United States by virtue of your participation in any benefit program administered by the Department of Veterans Affairs.

RESPONDENT BURDEN: This form is used by the claimant to verify receipt of goods and/or services provided by the VA (38 U.S.C. 3104). Title 38, United States Code, allows VA to ask for this information. We estimate that you will need an average of 10 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid Office of Management and Budget (OMB) control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.