

NOTICE OF DELEGATION OF AUTHORITY - RECEIPT FOR SUPPLIES For use of this form, see DA PAM 710-2-1; the proponent agency is DCS, G-4.	DATE
--	------

AUTHORIZED REPRESENTATIVE(S)

ORGANIZATION RECEIVING SUPPLIES		LOCATION		
LAST NAME-FIRST NAME-MIDDLE INITIAL	SOCIAL SECURITY NUMBER	AUTHORITY		SIGNATURE AND INITIALS
		REQ	REC	

AUTHORIZATION BY RESPONSIBLE SUPPLY OFFICER OR ACCOUNTABLE OFFICER

THE UNDERSIGNED HEREBY DELEGATES TO WITHDRAWS FROM THE PERSON(S) LISTED ABOVE,
 THE AUTHORITY TO:

REMARKS

I ASSUME FULL RESPONSIBILITY

UNIT IDENTIFICATION CODE	DODAAC/ACCOUNT NUMBER
--------------------------	-----------------------

LAST NAME-FIRST NAME-MIDDLE INITIAL	GRADE	TELEPHONE NUMBER	EXPIRATION DATE	SIGNATURE