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, FIRST, MIDDLE INITIAL	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, FIRST, MIDDLE INITIAL	GRADE	TELEPHONE NUMBER	EXPIRATION DATE	SIGNATURE