

NOTICE OF DELEGATION OF AUTHORITY - RECEIPT FOR SUPPLIES					DATE
For use of this form, see DA PAM 710-2-1. The proponent agency is DCS, G4					
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	