

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

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

DA FORM 1687, JAN 82

EDITION OF DEC 57 IS OBSOLETE.

USAPPC V3.00