

<b>NOTICE OF DELEGATION OF AUTHORITY - RECEIPT FOR SUPPLIES</b>					DATE
<i>For use of this form, see DA PAM 710-2-1. The proponent agency is ODCSLOG.</i>					
<b>AUTHORIZED REPRESENTATIVE(S)</b>					
ORGANIZATION RECEIVING SUPPLIES				LOCATION	
LAST NAME-FIRST NAME-MIDDLE INITIAL	SOCIAL SECURITY NUMBER	AUTHORITY		SIGNATURE AND INITIALS	
		REQ	REC		
<b>AUTHORIZATION BY RESPONSIBLE SUPPLY OFFICER OR ACCOUNTABLE OFFICER</b>					
THE UNDERSIGNED HEREBY <input type="checkbox"/> DELEGATES TO <input type="checkbox"/> WITHDRAWS FROM THE PERSON(S) LISTED ABOVE. THE AUTHORITY TO:					
REMARKS					
<b>I ASSUME FULL RESPONSIBILITY</b>					
UNIT IDENTIFICATION CODE				DODAAC/ACCOUNT NUMBER	
LAST NAME-FIRST NAME-MIDDLE INITIAL	GRADE	TELEPHONE NUMBER	EXPIRATION DATE	SIGNATURE	