

**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 OF REQUEST

**AUTHORIZED REPRESENTATIVE(S)**

ORGANIZATION RECEIVING SUPPLIES		UNIT HOME	
UNIT NAME		UNIT HOME STATION, STATE, LOCATION & ZIP CODE	
LAST NAME-FIRST NAME-MIDDLE INITIAL	AUTHORITY		SIGNATURE AND INITIALS
	REQ	REC	
CW2 Snuffy, Jody C.	Yes	Yes	Pen Signed or CAC Signed, NOT BOTH
SSG Doe, Joe E.	Yes	Yes	Pen Signed or CAC Signed, NOT BOTH
Not Used			
Not Used			

**AUTHORIZATION BY RESPONSIBLE SUPPLY OFFICER OR ACCOUNTABLE OFFICER**

THE UNDERSIGNED HEREBY  DELEGATES TO  WITHDRAW FROM THE PERSON(S) LISTED ABOVE  
 THE AUTHORITY TO: Request, Receive, and Turn-in Items From Training Support Center (TSC)

REMARKS Email Address:

**I ASSUME FULL RESPONSIBILITY**

UNIT IDENTIFICATION CODE			DODAAC/ACCOUNT NUMBER	
Unit Identification Code			Department of Defense Activity Address Code (DODAAC)	
LAST NAME-FIRST NAME-MIDDLE INITIAL	GRADE	TELEPHONE NUMBER	EXPIRATION DATE	SIGNATURE
Commander's Name	Grade	Cdr Ph#	1 Year Out	Pen Signed or CAC Signed, NOT BOTH