

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		SIGNATURE AND INITIALS
UNIT NAME	UNIT HOME STATION, STATE, LOCATION & ZIP CODE		
LAST NAME-FIRST NAME-MIDDLE INITIAL	AUTHORITY		
	REQ	REC	
CW2 Snuffy, Jody C.	Yes	Yes	Hand Signed and Electronic Signed
SSG Doe, Joe E.	Yes	Yes	Hand Signed and Electronic Signed
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: Added, previous editions remain in effect 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 (TYPE)	Grade	Cdr Ph#	1 Year Out	Commanders Hand & Electronic Signed