

**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. "Deleted Personnel"	No	No	
SSG Doe, Joe E. "Deleted Personnel"	No	No	
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  
 DELETED, Other personnel listed remain in effect

**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