

NOTICE OF DELEGATION OF AUTHORITY - RECEIPT FOR SUPPLIES <i>For use of this form, see DA PAM 710-2-1. The proponent agency is DCS, G-4.</i>					DATE Today's Date	
AUTHORIZED REPRESENTATIVE(S)						
ORGANIZATION RECEIVING SUPPLIES Unit Name				LOCATION Home Station, State & ZIP		
LAST, FIRST, MIDDLE INITIAL		AUTHORITY		SIGNATURE AND INITIALS		
		REQ	REC			
MSG Doe, Jane		YES	YES	CAC or Pen Sign- NOT both		
SSG Snuffy, Joe		YES	YES	CAC or Pen Sign- NOT both		
1LT Smith, John		YES	YES	CAC or Pen Sign- NOT both		
If not needed, type in "NOT USED"						
AUTHORIZATION BY RESPONSIBLE SUPPLY OFFICER OR ACCOUNTABLE OFFICER						
THE UNDERSIGNED HEREBY <input checked="" type="checkbox"/> DELEGATES TO <input type="checkbox"/> WITHDRAWS FROM THE PERSON(S) LISTED ABOVE THE AUTHORITY TO: Request, Receive, and Turn-in Items from the Training Support Center (TSC)						
REMARKS Commander's Email Address:						
I ASSUME FULL RESPONSIBILITY						
UNIT IDENTIFICATION CODE UNIT UIC				DODAAC/ACCOUNT NUMBER Only ONE DODAAC/ FB		
LAST, FIRST, MIDDLE INITIAL	GRADE	TELEPHONE NUMBER		EXPIRATION DATE	SIGNATURE	
Commanders NAME	GRADE	CDR Phone #		DATE 364 Days later	CAC or Pen Sign- NOT both	

DA FORM 1687, NOV 2015

PREVIOUS EDITIONS ARE OBSOLETE

APD LC v1.01ES

NOTES:

All signatures need to match; ALL digitally signed with CAC or all WET signed.
The signatures cannot be mixed.

The expiration date should be 364 days later.

Only three (3) remarks should be used

1. The commander's email address
2. Added, previous editions remain in effect (to keep previous DA1687 on file)
3. DELETED, other personnel listed remain in effect (to delete one person off the DA1687)