

NOTICE OF DELEGATION OF AUTHORITY - RECEIPT FOR SUPPLIES				DATE	
For use of this form, see AR 710-4. The proponent agency is DCS, G-4.				YYYYMMDD	
AUTHORIZED REPRESENTATIVE(S)					
ORGANIZATION RECEIVING SUPPLIES 321st Mess Kit Repair Company			LOCATION 123 Main Street, Anywhere, MA 01234		
LAST, FIRST, MIDDLE INITIAL	AUTHORITY		SIGNATURE AND INITIALS		
	REQ	REC			
Smith, Joseph A. SSG 978-123-1234	YES	YES			
Jones, Charlie B. SSG 978-987-4321	YES	YES			
Johnson, Harold C. SFC 978-567-1342	YES	YES			
////////////////////////////////////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 and/or Receive Training Aids, Devices, and GTAs as indicated above.					
REMARKS Training Support Center (TSC) Fort Devens, MA 01434 POC Email: Joseph.a.smith.mil@mail.mil					
I ASSUME FULL RESPONSIBILITY					
UNIT IDENTIFICATION CODE WAAAA0			DODAAC/ACCOUNT NUMBER W9998S		
LAST, FIRST, MIDDLE INITIAL Commander, Iam T.	GRADE O-3	TELEPHONE NUMBER 123-456-7890	EXPIRATION DATE YYYY1231	SIGNATURE	

Last name, first name, middle initial, rank, cellphone#
DO NOT PUT YOUR SSN IN THESE BLOCKS!

Wet or electronic signatures

***NOTE: The personnel, requesting, pick-up, turn-in, all must be on this 1687 or will be rescheduled until proper personnel are available.**