

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 YYYYMMDD	
AUTHORIZED REPRESENTATIVE(S)					
ORGANIZATION RECEIVING SUPPLIES 321st Mess Kit Repair Company			LOCATION 123 Main Street, Anywhere, MA 01234		
LAST, FIRST, MIDDLE INITIAL		AUTHORITY REQ REC		SIGNATURE AND INITIALS	
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	

DA FORM 1687, NOV 2015

PREVIOUS EDITIONS ARE OBSOLETE

APD LC v1.01ES

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

Wet and electronic signatures

Fort Devens Training Support Center DA Form 1687 Example