





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 TODAYS DATE	
AUTHORIZED REPRESENTATIVE(S)					
ORGANIZATION RECEIVING SUPPLIES UNIT NAME (CO, BN, BDE)			LOCATION BLD#, CITY, STATE		
LAST, FIRST, MIDDLE INITIAL		AUTHORITY		SIGNATURE AND INITIALS	
		REQ	REC		
SNUFFY, JOE K. SFC		YES	YES	    DIGITAL SIGNATURE PREFERRED, WET SIGNATURE ACCEPTED IF IN FIELD	
DOE, JOHN W. PFC		YES	YES		
DOE, JANE Q. 1LT		YES	YES		
NOTHING FOLLOWS					
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/RECIEVE TADSS FROM THE WESTERN REGION TRAINING SUPPORT CENTER					
REMARKS NOTHING NEEDED HERE					
I ASSUME FULL RESPONSIBILITY					
UNIT IDENTIFICATION CODE UNIT UIC			DODAAC/ACCOUNT NUMBER SUPPLY DODAAC AND TSC ACCOUNT #		
LAST, FIRST, MIDDLE INITIAL COMMANDERS NAME	GRADE	TELEPHONE NUMBER CDR PHONE #	EXPIRATION DATE	SIGNATURE	

DA FORM 1687, NOV 2015

PREVIOUS EDITIONS ARE OBSOLETE

APD LC v1.01E8

MAX 363 DAYS

CDR DIGITAL SIGNATURE

EVERYTHING ON FORM MUST BE LEGIBLE TO INCLUDE DIGITAL SIGNATURES, NO SMALLER THAN 12PT FONT

MUST BE ACCOMPANIED BY THE COMMANDERS ASSUMPTION OF COMMAND MEMORANDUM