

NOTICE OF DELEGATION OF AUTHORITY - RECEIPT FOR SUPPLIES					DATE
For use of this form, see DA PAM 710-2-1. The proponent agency is DCS, G-4.					
AUTHORIZED REPRESENTATIVE(S)					
ORGANIZATION RECEIVING SUPPLIES			LOCATION		
LAST NAME-FIRST NAME-MIDDLE INITIAL			AUTHORITY		SIGNATURE AND INITIALS
			REQ	REC	
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 RECIEVE EQUIPMENT FROM TADSS WHSE.					
REMARKS					
TADSS					
I ASSUME FULL RESPONSIBILITY					
UNIT IDENTIFICATION CODE			DODAAC/ACCOUNT NUMBER		
LAST NAME-FIRST NAME-MIDDLE INITIAL	GRADE	TELEPHONE NUMBER	EXPIRATION DATE	SIGNATURE	