

NOTICE OF DELEGATION OF AUTHORITY – RECEIPT FOR SUPPLIES <i>For use of this form, see DA PAM 710-2-1. The proponent agency is ODCSLOG.</i>				DATE 2000-01-31	
AUTHORIZED REPRESENTATIVE(S)					
ORGANIZATION RECEIVING SUPPLIES 1ST OF THE 23RD BN			LOCATION FORT HOOD, TX 76544		
LAST NAME-FIRST NAME-MIDDLE INITIAL		SOCIAL SECURITY NUMBER	AUTHORITY		SIGNATURE AND INITIALS
			REQ	REC	
SNUFFY, JOE			<input type="checkbox"/>	<input checked="" type="checkbox"/>	
SMITH, JANE			<input type="checkbox"/>	<input checked="" type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
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 RECEIVE TSC ITEMS					
REMARKS SAMPLE SAMPLE SAMPLE SAMPLE SAMPLE SAMPLE SAMPLE SAMPLE					
I ASSUME FULL RESPONSIBILITY					
UNIT IDENTIFICATION CODE			DODAAC/ACCOUNT NUMBER YOUR TSC #		
LAST NAME-FIRST NAME-MIDDLE INITIAL		GRADE	TELEPHONE NUMBER	EXPIRATION DATE	SIGNATURE
DOE, JOHN		SSG	254-287-1111	2000-01-31	