

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 year/mo/day	
<b>AUTHORIZED REPRESENTATIVE(S)</b>					
ORGANIZATION RECEIVING SUPPLIES UNIT NAME			LOCATION FORT IRWIN, CA 92310		
LAST, FIRST, MIDDLE INITIAL			AUTHORITY		SIGNATURE AND INITIALS
			REQ	REC	
LAST NAME, FIRST MI RANK			YES	YES	
LAST NAME, FIRST MI RANK			YES	YES	
LAST NAME, FIRST MI RANK			YES	YES	
LAST NAME, FIRST MI RANK			YES	YES	
<b>AUTHORIZATION BY RESPONSIBLE SUPPLY OFFICER OR ACCOUNTABLE OFFICER</b>					
THE UNDERSIGNED HEREBY <input checked="" type="checkbox"/> DELEGATES TO <input type="checkbox"/> WITHDRAWS FROM THE PERSON(S) LISTED ABOVE					
THE AUTHORITY TO: REQUEST/RECEIVE/TURN-IN MESS PAD					
REMARKS BLDG 826 (SOC)					
<b>I ASSUME FULL RESPONSIBILITY</b>					
UNIT IDENTIFICATION CODE Approved UIC			DODAAC/ACCOUNT NUMBER Approved DODAAC		
LAST, FIRST, MIDDLE INITIAL	GRADE	TELEPHONE NUMBER	EXPIRATION DATE	SIGNATURE	
CDR Last name, First MI	0-3	123-456-7890	year/mo/day		

DA FORM 1687, NOV 2015

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ORGANIZATION RECEIVING SUPPLIES UNIT NAME			LOCATION FORT IRWIN, CA 92310		
LAST, FIRST, MIDDLE INITIAL		AUTHORITY		SIGNATURE AND INITIALS	
		REQ	REC		
LAST NAME, FIRST MI RANK		YES	YES		
LAST NAME, FIRST MI RANK		YES	YES		
LAST NAME, FIRST MI RANK		YES	YES		
LAST NAME, FIRST MI RANK		YES	YES		
<b>AUTHORIZATION BY RESPONSIBLE SUPPLY OFFICER OR ACCOUNTABLE OFFICER</b>					
THE UNDERSIGNED HEREBY <input checked="" type="checkbox"/> DELEGATES TO <input type="checkbox"/> WITHDRAWS FROM THE PERSON(S) LISTED ABOVE THE AUTHORITY TO: REQUEST/RECEIVE/TURN-IN TSC EQUIPMENT (Buildings 722 and 851A)					
REMARKS Equipment related to crew devices, EWO, QRD/THOR III, TCP signs, Raven, Puma, OSRVT, BAT, RCOS, SEEK II and GPRs					
<b>I ASSUME FULL RESPONSIBILITY</b>					
UNIT IDENTIFICATION CODE Approved UIC			DODAAC/ACCOUNT NUMBER Approved DODAAC		
LAST, FIRST, MIDDLE INITIAL CDR Last name, First MI	GRADE 0-3	TELEPHONE NUMBER 123-456-7890	EXPIRATION DATE year/mo/day	SIGNATURE	

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			REQ	REC	
LAST NAME, FIRST MI RANK			YES	YES	
LAST NAME, FIRST MI RANK			YES	YES	
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LAST NAME, FIRST MI RANK			YES	YES	
<b>AUTHORIZATION BY RESPONSIBLE SUPPLY OFFICER OR ACCOUNTABLE OFFICER</b>					
THE UNDERSIGNED HEREBY <input checked="" type="checkbox"/> DELEGATES TO <input type="checkbox"/> WITHDRAWS FROM THE PERSON(S) LISTED ABOVE					
THE AUTHORITY TO: REQUEST/RECEIVE/TURN-IN COMMEL (Communications Equipment List)					
REMARKS BLDG 7104					
<b>I ASSUME FULL RESPONSIBILITY</b>					
UNIT IDENTIFICATION CODE Approved UIC			DODAAC/ACCOUNT NUMBER Approved DODAAC		
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			REQ	REC	
LAST NAME, FIRST MI RANK			YES	YES	
LAST NAME, FIRST MI RANK			YES	YES	
LAST NAME, FIRST MI RANK			YES	YES	
LAST NAME, FIRST MI RANK			YES	YES	
<b>AUTHORIZATION BY RESPONSIBLE SUPPLY OFFICER OR ACCOUNTABLE OFFICER</b>					
THE UNDERSIGNED HEREBY <input checked="" type="checkbox"/> DELEGATES TO <input type="checkbox"/> WITHDRAWS FROM THE PERSON(S) LISTED ABOVE					
THE AUTHORITY TO: REQUEST/RECEIVE/TURN-IN BOXCAR					
REMARKS BLDG 7104					
<b>I ASSUME FULL RESPONSIBILITY</b>					
UNIT IDENTIFICATION CODE Approved UIC			DODAAC/ACCOUNT NUMBER Approved DODAAC		
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LAST NAME, FIRST MI RANK		YES	YES		
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<b>AUTHORIZATION BY RESPONSIBLE SUPPLY OFFICER OR ACCOUNTABLE OFFICER</b>					
THE UNDERSIGNED HEREBY <input checked="" type="checkbox"/> DELEGATES TO <input type="checkbox"/> WITHDRAWS FROM THE PERSON(S) LISTED ABOVE					
THE AUTHORITY TO: REQUEST/RECEIVE/TURN-IN EOF KITS (Escalation on Force)					
REMARKS BLDG 629A/7105					
<b>I ASSUME FULL RESPONSIBILITY</b>					
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LAST NAME, FIRST MI RANK			YES	YES	
LAST NAME, FIRST MI RANK			YES	YES	
<b>AUTHORIZATION BY RESPONSIBLE SUPPLY OFFICER OR ACCOUNTABLE OFFICER</b>					
THE UNDERSIGNED HEREBY <input checked="" type="checkbox"/> DELEGATES TO <input type="checkbox"/> WITHDRAWS FROM THE PERSON(S) LISTED ABOVE					
THE AUTHORITY TO: REQUEST/RECEIVE/TURN-IN CIF ITEMS					
REMARKS BLDG 342					
<b>I ASSUME FULL RESPONSIBILITY</b>					
UNIT IDENTIFICATION CODE Approved UIC			DODAAC/ACCOUNT NUMBER Approved DODAAC		
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CDR Last name, First MI	0-3	123-456-7890	year/mo/day		

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## Notes:

- CIF is for "EMERGENCY ISSUE" only.
- BN S4 must submit signed request memo. Memo must include LIN#, NSN, nomenclature, size and quantity.

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LAST NAME, FIRST MI RANK			YES	YES	
LAST NAME, FIRST MI RANK			YES	YES	
LAST NAME, FIRST MI RANK			YES	YES	
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<b>AUTHORIZATION BY RESPONSIBLE SUPPLY OFFICER OR ACCOUNTABLE OFFICER</b>					
THE UNDERSIGNED HEREBY <input checked="" type="checkbox"/> DELEGATES TO <input type="checkbox"/> WITHDRAWS FROM THE PERSON(S) LISTED ABOVE					
THE AUTHORITY TO: RECEIVE/TURN-IN REPLICATED AMMO					
REMARKS BLDG 490 (G3 TSD)					
<b>I ASSUME FULL RESPONSIBILITY</b>					
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