

******* COMPANY LEVEL *******

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	DATE
AUTHORIZED REPRESENTATIVE(S)					
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	
----- 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/RECEIVE/TURN-IN TSC EQUIPMENT (Buildings 822 and 492)					
REMARKS					
Equipment related to Vehicle/Individual MILES, Training Aids/Devices and Supply					
I ASSUME FULL RESPONSIBILITY					
UNIT IDENTIFICATION CODE UIC			DODAAC/ACCOUNT NUMBER DODAAC		
LAST, FIRST, MIDDLE INITIAL	GRADE	TELEPHONE NUMBER	EXPIRATION DATE	SIGNATURE	
LAST NAME, FIRST MI	0-3	PHONE#	DATE		

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LAST, FIRST, MIDDLE INITIAL		AUTHORITY		SIGNATURE AND INITIALS	
		REQ	REC		
LAST NAME, FIRST MI RANK		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/RECEIVE/TURN-IN SECONDARY LOAD and OFFLINE ITEMS					
REMARKS					
BLDG 7105					
I ASSUME FULL RESPONSIBILITY					
UNIT IDENTIFICATION CODE UIC			DODAAC/ACCOUNT NUMBER DODAAC		
LAST, FIRST, MIDDLE INITIAL	GRADE	TELEPHONE NUMBER	EXPIRATION DATE	SIGNATURE	
LAST NAME, FIRST MI	0-3	PHONE#	DATE		

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LAST, FIRST, MIDDLE INITIAL				AUTHORITY		SIGNATURE AND INITIALS
				REQ	REC	
LAST NAME, FIRST MI RANK				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/RECEIVE/TURN-IN ROBOTICS EQUIPMENT						
REMARKS						
BLDG 851C						
I ASSUME FULL RESPONSIBILITY						
UNIT IDENTIFICATION CODE UIC				DODAAC/ACCOUNT NUMBER DODAAC		
LAST, FIRST, MIDDLE INITIAL	GRADE	TELEPHONE NUMBER	EXPIRATION DATE	SIGNATURE		
LAST NAME, FIRST MI	0-3	PHONE#	DATE			