

NOTICE OF DELEGATION OF AUTHORITY - RECEIPT FOR SUPPLIES*For use of this form, see AR 710-4. The proponent agency is DCS, G-4.*

DATE

AUTHORIZED REPRESENTATIVE(S)

ORGANIZATION RECEIVING SUPPLIES

LOCATION

LAST, FIRST, MIDDLE INITIAL

AUTHORITY

REQ

REC

SIGNATURE AND INITIALS

AUTHORIZATION BY RESPONSIBLE SUPPLY OFFICER OR ACCOUNTABLE OFFICER

THE UNDERSIGNED HEREBY DELEGATES TO WITHDRAWS FROM THE PERSON(S) LISTED ABOVE
 THE AUTHORITY TO: _____

REMARKS

I ASSUME FULL RESPONSIBILITY

UNIT IDENTIFICATION CODE

DODAAC/ACCOUNT NUMBER

LAST, FIRST, MIDDLE INITIAL

GRADE

TELEPHONE NUMBER

EXPIRATION DATE

SIGNATURE

DA FORM 1687, DEC 2023

PREVIOUS EDITIONS ARE OBSOLETE.

APD AEM v1.00ES