

**NOTICE OF DELEGATION OF AUTHORITY - RECEIPT FOR SUPPLIES***For use of this form, see DA PAM 710-2-1. 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, NOV 2015**

PREVIOUS EDITIONS ARE OBSOLETE

APD LC v1.01ES