

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

20161001

AUTHORIZED REPRESENTATIVE(S)

ORGANIZATION RECEIVING SUPPLIES 987th Bullet Company		LOCATION AMMUNITION SUPPLY ACTIVITY	
LAST, FIRST, MIDDLE INITIAL		AUTHORITY	
		REQ	REC
SIGNATURE AND INITIALS			
FISK, BENJAMIN G. SFC DOD ID EXP: 20180729		YES	YES
////////////////////////////////////NOT USED////////////////////////////////////			
////////////////////////////////////NOT USED////////////////////////////////////			
////////////////////////////////////NOT USED////////////////////////////////////			

AUTHORIZATION BY RESPONSIBLE SUPPLY OFFICER OR ACCOUNTABLE OFFICERTHE UNDERSIGNED HEREBY DELEGATES TO WITHDRAWS FROM THE PERSON(S) LISTED ABOVETHE AUTHORITY TO: **REQUEST AND/OR RECEIVE CLASS 5 (A&E) AS INDICATED ABOVE**

REMARKS

Authorized representatives listed above have passed security screening required by AR 190-11

I ASSUME FULL RESPONSIBILITY

UNIT IDENTIFICATION CODE W9FFAA		DODAAC/ACCOUNT NUMBER W35KT0	
LAST, FIRST, MIDDLE INITIAL	GRADE	TELEPHONE NUMBER	EXPIRATION DATE
DOE, JOHN D.	05	555-555-5555	20160930
SIGNATURE			