

**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 NAME-FIRST NAME-MIDDLE INITIAL	AUTHORITY		SIGNATURE AND INITIALS
	REQ	REC	

**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 NAME-FIRST NAME-MIDDLE INITIAL	GRADE	TELEPHONE NUMBER	EXPIRATION DATE	SIGNATURE

**DA FORM 1687, MAY 2009**

PREVIOUS EDITIONS ARE OBSOLETE

APD LC v1.00ES