

NOTICE OF DELEGATION OF AUTHORITY - RECEIPT FOR SUPPLIES				DATE	
For use of this form, see DA PAM 710-2-1. The proponent agency is DCS, G-4.				19 NOV 2014	
AUTHORIZED REPRESENTATIVE(S)					
ORGANIZATION RECEIVING SUPPLIES [REDACTED] BATTALION			LOCATION BUILDING [REDACTED], FT LEWIS, WA 98433-9500		
LAST NAME-FIRST NAME-MIDDLE INITIAL			AUTHORITY		SIGNATURE AND INITIALS
			REQ	REC	
[REDACTED]			YES	YES	DIGITAL / INITIALS
[REDACTED]			YES	YES	DIGITAL / INITIALS
NOT USED					
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: TO SUBMIT WORK ORDER REQUEST (IJO's) DA 4283's.					
REMARKS [REDACTED]					
I ASSUME FULL RESPONSIBILITY					
UNIT IDENTIFICATION CODE [REDACTED]			DODAAC/ACCOUNT NUMBER N/A		
LAST NAME-FIRST NAME-MIDDLE INITIAL [REDACTED]		GRADE 0-3	TELEPHONE NUMBER [REDACTED]	EXPIRATION DATE 1 YEAR	SIGNATURE DIGITAL SIGN OR SIGNATURE

DA FORM 1687, MAY 2009

PREVIOUS EDITIONS ARE OBSOLETE

APD PE v1.00ES

RECEIVED
OCT 20 2014
BY: [Signature]

****** SPECIAL NOTE ******

**THIS FORM DA 1687 WILL NOT BE ACCEPTED
WITHOUT AN ASSUMPTION OF COMMAND ORDERS
ATTACHED.**

EXAMPLE