

APPENDIX 1: DA FORM 1687, NOTICE OF DELEGATION OF AUTHORITY, R & Q

NOTICE OF DELEGATION OF AUTHORITY - RECEIPT FOR SUPPLIES <i>For use of this form, see DA PAM 710-2-1. The proponent agency is ODCSLOG.</i>					DATE MAY 01 (1)	
AUTHORIZED REPRESENTATIVE(S)						
ORGANIZATION RECEIVING SUPPLIES X COMPANY, X BATTALION (2)				LOCATION IMSA, FORT RILEY, KS 66442 (3)		
LAST NAME-FIRST NAME-MIDDLE INITIAL		SOCIAL SECURITY NUMBER	AUTHORITY REQ REC		SIGNATURE AND INITIALS	
JACOBS, DIANA A. (4)			YES (5) YES (6)		Diana A. Jacobs DAT	
EVANS, TONY R.			YES YES		Tony R. Evans TRE (7)	
NOT USED						
NOT USED						
AUTHORIZATION BY RESPONSIBLE SUPPLY OFFICER OR ACCOUNTABLE OFFICER						
THE UNDERSIGNED HEREBY (8) <input checked="" type="checkbox"/> DELEGATES TO <input type="checkbox"/> WITHDRAWS FROM THE PERSON(S) LISTED ABOVE, THE AUTHORITY TO: REQUEST/RECEIVE CONTROLLED SUBSTANCES (NOTE R & Q)						
REMARKS THIS CARD SUPERCEDES ALL PREVIOUS CARDS (9)						
I ASSUME FULL RESPONSIBILITY						
UNIT IDENTIFICATION CODE XXXXXX (10)				DODAAC/ACCOUNT NUMBER XXXXXX (11)		
LAST NAME-FIRST NAME-MIDDLE INITIAL MATHEWS, JANET M. (12)		GRADE O3 (13)	TELEPHONE NUMBER 239-5555 (14)	EXPIRATION DATE 30 APR 02 (15)	SIGNATURE Janet M. Mathews (16)	

DA FORM 1687, JAN 82

EDITION OF DEC 57 IS OBSOLETE.

USAPPC V3.00

SAMPLE OF COMPLETED DA FORM 1687 TO REQUEST AND/OR RECEIVE CONTROLLED SUBSTANCES (NOTE R & Q).

- (1) ENTER THE CALENDAR DATE THE FORM IS PREPARED.
- (2) ENTER THE NAME OF THE UNIT REQUESTING SUPPLIES.
- (3) ENTER "IMSA, FORT RILEY, KS 66442."
- (4) ENTER THE NAME(S) OF THE AUTHORIZED REPRESENTATIVE.
- (5) (REQ) ENTER "YES" IN THIS BLOCK FOR EACH PERSON AUTHORIZED TO REQUEST SUPPLIES, OTHERWISE ENTER "NO".
- (6) (REC) ENTER "YES" IN THIS BLOCK FOR EACH PERSON AUTHORIZED TO RECEIVE SUPPLIES OTHERWISE ENTER "NO".
- (7) ENTER THE SIGNATURE AND INITIALS OF DELEGATED PERSON.
- (8) ENTER AN "X" IN THIS BOX TO SHOW THAT AUTHORIZED REPRESENTATIVE IS DELEGATED TO REQUEST/RECEIVE SUPPLIES. SPECIFY TO "REQUEST AND/OR RECEIVE CONTROLLED SUBSTANCES (NOTE R & Q)."
- (9) ENTER "THIS CARD SUPERCEDES ALL PREVIOUS CARDS."
- (10) ENTER THE ASSIGNED UNIT IDENTIFICATION CODE.
- (11) ENTER THE UNIT DODAAC.
- (12) ENTER THE NAME OF UNIT COMMANDER
- (13) ENTER THE GRADE OR RANK OF THE COMMANDER
- (14) ENTER THE OFFICE PHONE NUMBER OF THE COMMANDER.
- (15) ENTER THE EXPIRATION DATE OF THE CARD.
- (16) ENTER THE SIGNATURE OF THE COMMANDER.