APPENDIX 4: DA FORM 2765-1, REQUEST FOR NONEXPENDABLE MATERIEL

DA FORM 2765-1, APR 76

SEND TO:
IMSA
IRWIN ARMY COMMUNITY HOSPITAL (1)

REQUEST IS FROM:
X COMPANY, X BATTALION (2)

STOCK NUMBER: 6 5 4 5 0 0 0 0 0 0 0 0 (3)
UNIT OF ISSUE: E A (4)
QUANTITY: 0 0 0 0 1 (5)

DOCUMENT NUMBER: W 9 0 X X 1 0 7 3 0 0 0 1 (6)

COST DETAIL ACCOUNT NUMBER:
UNIT PRICE: 400.00 (7)
TOTAL PRICE: 400.00 (8)

PRIORITY: 1 3 (9)

FUNDED:
NON-FUNDED:
EXP:
NON-EXP: X (10)

ITEM DESCRIPTION: NOMENCLATURE (11)

PUBLICATION DATA: SC 6545-8-M35, FEB 2001 (12)

MCS CODE:
ISSUED:
DATE POSTED:
INIT:
DUE OUT:
DATE AVAILABLE:
INIT:
RECEIVED:
DATE RECEIVED:
SIGNATURE:

PREVIOUS EDITION WILL BE USED
USAPA V1.00

REQUEST FOR ISSUE OR TURN-IN (DA Pam 710-2-1)

INSTRUCTIONS FOR COMPLETING DA FORM 2765-1

(1) ENTER "IMSA, IRWIN ARMY COMMUNITY HOSPITAL"
(2) REQUESTING UNIT NAME
(3) NSN
(4) UNIT OF ISSUE
(5) QUANITITY REQUIRED
(6) UNIT DODAAC AND DOCUMENT NUMBER
(7) UNIT PRICE
(8) EXTENDED PRICE
(9) PRIORITY DESIGNATOR
(10) PLACE AN "X" IN THE NON-EXP BOX
(11) NOMENCLATURE
(12) ENTER THE AUTHORIZATION DOCUMENT AND DATE OF PUBLICATION