

HAND RECEIPT/ANNEX NUMBER

For use of this form, see DA PAM 710-2-1.
The proponent agency is DCS, G-4.

FROM: _____

TO: _____

HAND RECEIPT NUMBER _____

FOR ANNEX/CR ONLY	END ITEM STOCK NUMBER	END ITEM DESCRIPTION	PUBLICATION NUMBER			PUBLICATION DATE	QUANTITY
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STOCK NUMBER <i>a.</i>	ITEM DESCRIPTION <i>b.</i>	* <i>c.</i>	SEC <i>d.</i>	UI <i>e.</i>	QTY AUTH <i>f.</i>	g. QUANTITY					
						A	B	C	D	E	F

* WHEN USED AS A:
 HAND RECEIPT, enter Hand Receipt Annex Number
 HAND RECEIPT FOR QUARTERS FURNITURE, enter Condition Codes
 HAND RECEIPT ANNEX/COMPONENTS RECEIPT, enter Accounting Requirements Code (ARC).

STOCK NUMBER <i>a.</i>	ITEM DESCRIPTION <i>b.</i>	*	SEC	UI	QTY AUTH <i>f.</i>	QUANTITY <i>g.</i>					
						A	B	C	D	E	F