HAND RECEIPT / ANNEX NUMBER *For use of this form, see DA PAM 710-2-1* *The proponent agency is ODCSLOG.*	FROM:	TO: fa	HAND RECEIPT NUMBER

FOR ANNEX / CR ONLY	END ITEM STOCK NUMBER	END ITEM DESCRIPTION	PUBLICATION NUMBER	PUBLICATION DATE	QUANTITY

STOCK NUMBER *a.*	ITEM DESCRIPTION *b.*	** C.*	SEC *d.*	UI e.	QTY AUTH *f.*	g. QUANTITY A	B	C	D	E	F
	M50 MASK SN# fs			EA	1	1					

* WHEN USE 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)

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