

<b>HAND RECEIPT/ANNEX NUMBER</b> <i>For use of this form, see DA PAM 710-2-1. The Proponent agency is ODCSLOG.</i>		FROM:		TO:				HAND RECEIPT NUMBER						
FOR ANNEX/CR ONLY	END ITEM STOCK NUMBER	END ITEM DESCRIPTION	PUBLICATION NUMBER			PUBLICATION DATE		QUANTITY						
STOCKNUMBER <i>a.</i>		ITEM DESCRIPTION <i>b.</i>			<i>*</i> <i>c.</i>	SEC <i>d.</i>	UI <i>e.</i>	QTY AUTH <i>f.</i>	<i>g.</i> QUANTITY					
									A	B	C	D	E	F
<p>* 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).</p>														

