HAND RECEIPT/ANNEX NUMBE For use of this form, see DA PAM 710-2-1 The proponent agency is ODCSLOG.	ER	FROM: TO:									HAND RECEIPT NUMBER				
FOR ANNEX/CR ONLY	END	ITEM DESCRIPTION	PUBLICATIO	TION NUMBER				PUBLICATION DATE				QUANTITY			
STOCK NUMBER		ITEM DESCRIP	* SEC			QTY g. QI			I ANTITY						
a.		b.			c. d.	1	f.	Α	В	С	D	Е	F		
* WHEN USED AS A:															
HAND RECEIPT, enter Har HAND RECEIPT FOR QUA HAND RECEIPT ANNEX/C	RTERS FURNIT	x Number FURE, enter Condition Codes RECEIPT, enter Accounting Require	ements Code (ARC).					D/	\GE		OE	PΔ	GES.		

STOCK NUMBER	ITEM DESCRIPTION	*	SEC UI QTY g. QUANTITY								
а.	b.	C.	d.	e.	f.	Α	В	С	D	Е	F
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