HAND RECEIPT/ANNEX NUMBER For use of this form, see DA PAM 710-2-1. The proponent agency is ODCSLOG.		FROM: TO:								HAND RECEIPT NUMBER					
FOR ANNEX/CR ONLY END ITEM STOCK NUMBER		END ITEM DESCRIPTION	PUBLICATION NUMBER PUBLICATION DA						E QUANTITY						
STOCK NUMBER		ITEM DESCRIPTION * SEC					QTY AUTH f.	g. QUANTITY							
a.		b.		c.	d.	e.	f.	Α	В	С	D	Е	F		
* WHEN I	JSED 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	ITEM DESCRIPTION	*	SEC	UI	QTY	Y IH g. QUANTITY							
a.	b.	C.	d.	e.	f.	Α	В	С	D	Е	F		