

<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
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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 a.	ITEM DESCRIPTION b.	* c.	SEC d.	UI e.	QTY AUTH f.	g. QUANTITY					
						A	B	C	D	E	F