

HAND RECEIPT/ANNEX NUMBER <i>For use of this form, see DA PAM 710-2-1. The proponent agency is DCS, G-4.</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 <i>a.</i>	ITEM DESCRIPTION <i>b.</i>	*	SEC	UI	QTY AUTH	QUANTITY							
						<i>c.</i>	<i>d.</i>	<i>e.</i>	<i>f.</i>	<i>g.</i> A	B	C	D