HAND RECEIPT/ANNEX NUMBER *For use of this form, see DA PAM 710-2-1.* *The proponent agency is DCS, G-4.*	FROM:	TO:	HAND RECEIPT NUMBER

FOR ANNEX/CR ONLY	END ITEM STOCK NUMBER	END ITEM DESCRIPTION	PUBLICATION NUMBER	PUBLICATION DATE	QUANTITY

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