WASHINGTON HAEDQUARTERS SERVICES
SIGNATURE AUTHORIZATION TO REQUEST AND/OR RECEIVE SUPPLIES AND/OR EQUIPMENT

1. ORGANIZATION RECEIVING SUPPLIES/EQUIPMENT	**2. DATE** *(YYYYMMDD)*	**3. LOCATION**

4. AUTHORITY

a. NAME *(Last, First, Middle Initial)*	b. REQUEST/RECEIVE *(X as appropriate)*		c. SIGNATURE
	REQ	**REC**	
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5. NAME OF PERSON GRANTING AUTHORITY *(Last, First, Middle Initial)*	**6. EXPIRATION DATE** *(YYYYMMDD)*	**7. SIGNATURE**