

FRG Supplemental Mission Activity

PURCHASE REQUEST

Name of Unit: \_\_\_\_\_ Date of Request: \_\_\_\_\_

FRG Treasurer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

<u>Item(s) Needed</u>	<u>Required</u>	<u>Quantity each Item</u>	<u>Cost for Total Cost</u>
1 _____			
2 _____			
3 _____			
4 _____			
5 _____			

These expenses are reimbursements of FRG volunteer incidental expenses. (Invoice attached)

Vendor's Address: \_\_\_\_\_

Vendor's Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Vendor's Email Address: \_\_\_\_\_

Date Items are needed: \_\_\_\_\_

FRG Leader's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

I approve the purchase of item(s) with the unit's portion of the FRG Supplemental Mission Activities. I have determined that it clearly supplements an established mission of the FRG and appropriated funds are not authorized for this purchase (unless the volunteer reimbursement block is checked).

Commander's Name: \_\_\_\_\_ Unit: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Commander's Signature \_\_\_\_\_

SMD Process:

Date Paid: \_\_\_\_\_ Actual Cost: \_\_\_\_\_

Petty Cash paid to \_\_\_\_\_

Purchased with GPC \_\_\_\_\_ Statement date: \_\_\_\_\_

Reimbursement made to: \_\_\_\_\_

NOTICE OF DELEGATION OF AUTHORITY - RECEIPT FOR SUPPLIES					DATE
<i>For use of this form, see DA PAM 710-2-1. The proponent agency is ODCSLOG.</i>					
AUTHORIZED REPRESENTATIVE(S)					
ORGANIZATION RECEIVING SUPPLIES			LOCATION		
LAST NAME-FIRST NAME-MIDDLE INITIAL		AUTHORITY		SIGNATURE AND INITIALS	
		REQ	REC		
AUTHORIZATION BY RESPONSIBLE SUPPLY OFFICER OR ACCOUNTABLE OFFICER					
THE UNDERSIGNED HEREBY <input checked="" type="checkbox"/> DELEGATES TO <input type="checkbox"/> WITHDRAWS FROM THE PERSON(S) LISTED ABOVE, THE AUTHORITY TO:					
REMARKS					
I ASSUME FULL RESPONSIBILITY					
UNIT IDENTIFICATION CODE			DODAAC/ACCOUNT NUMBER		
LAST NAME-FIRST NAME-MIDDLE INITIAL	GRADE	TELEPHONE NUMBER	EXPIRATION DATE	SIGNATURE	

DA FORM 1687, JAN 82

EDITION OF DEC 67 IS OBSOLETE.

USAPPC V3.00

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Date Signed: \_\_\_\_\_

\_\_\_\_\_  
Commander's Signature

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