



DEPARTMENT OF THE ARMY
OFFICE OF THE DEPUTY CHIEF OF STAFF, G-4
500 ARMY PENTAGON
WASHINGTON, DC 20310-0500

DALO-SU

0 8 SEP 2014

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Clarification to the DA Form 1687 signatory requirements.

1. References:

- A. Army Regulation 710-2 supply policy below the national level 28 March 2014.
- B. DA Pamphlet 710-2-1 unit supply manual procedures 31 December 1997.
- C. Financial Improvement and Audit Readiness (FIAR), March 2013


2. This memorandum provides clarifying guidance for the signature requirements when completing DA Form 1687. This message applies to all Army Commands, Army Service Component Commands and Direct Reporting Units.

3. Effective immediately, the DA form 1687 will require both hand written and digital signatures for the identified authorized representatives. This dual requirement is necessary to ensure total identification for personnel and units taking rights to Army equipment in support of the existence and completeness standards for audit readiness. This measure will be required until all property accountability supporting forms and tactical logistics systems are electronic signature capable.

4. Commanders are reminded that the DA Form 1687, assumption of command, and property book appointment memoranda will identify the property book by unit identification codes for both parent and derivative UICs.

5. This change will be incorporated into the new DA PAM 710-2-1 that is expected to be published on or about FY 2015.

6. Point of contact for this message is: COL Charles Demery at charles.demery.mil@mail.mil or 703-692-9599 and CW5 Reginald Noel reginald.noel.mil@mail.mil or 703-692-9485.


Michael B. Cervone
Director of Supply



!! EXAMPLE !!

NOTICE OF DELEGATION OF AUTHORITY - RECEIPT FOR SUPPLIES <i>For use of this form, see DA PAM 710-2-1. The proponent agency is DCS, G-4.</i>					DATE	
					30 OCT 14	
AUTHORIZED REPRESENTATIVE(S)						
ORGANIZATION RECEIVING SUPPLIES COE, Memphis District			LOCATION Memphis, TN 38103			
LAST NAME-FIRST NAME-MIDDLE INITIAL	AUTHORITY		SIGNATURE AND INITIALS			
	REQ	REC				
John Doe	NO	YES	John Doe		LONGINO, JIMMY, LEE, 11145794 <input checked="" type="checkbox"/>	
Mary Can	NO	YES	Mary Can		LONGINO, JIMMY, LEE, 11145794 <input checked="" type="checkbox"/>	
Bean Pie	YES	YES	Bean Pie		LONGINO, JIMMY, LEE, 11145794 <input checked="" type="checkbox"/>	
-----NOTHING FOLLOWS-----						
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: Pick -up and Turn-in Supplies and Equipment for HR # <u>123 or 64, ETC</u>						
REMARKS						
I ASSUME FULL RESPONSIBILITY						
UNIT IDENTIFICATION CODE W2R901			DODAAC/ACCOUNT NUMBER W38XGR			
LAST NAME-FIRST NAME-MIDDLE INITIAL	GRADE	TELEPHONE NUMBER	EXPIRATION DATE	SIGNATURE		
SMITHBLACK, JACK	GS16	901-544-1234	31 DEC 2015	LONGINO, JIMMY, LEE, 11145794 <input checked="" type="checkbox"/> J. Smithblack		

DA FORM 1687, MAY 2009

PREVIOUS EDITIONS ARE OBSOLETE

APD PE v1.00ES