

**WASHINGTON HEADQUARTERS 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	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
5. NAME OF PERSON GRANTING AUTHORITY (Last, First, Middle Initial)	6. EXPIRATION DATE (YYYYMMDD)	7. SIGNATURE	