



**SUPPLY DEPARTMENT**

Item: \_\_\_\_\_

NSN: \_\_\_\_\_ Item on  
CSA: YES / NO

Cost (Each): \_\_\_\_\_ Liable to: \_\_\_\_\_

Recomendation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Applicable forms must be attached)

\_\_\_\_\_  
Supply Officer (Name and Signature)      Date

**AUTHORIZATION**

Reviewing Officer's Recomendation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Reviewing Officer (Name and Signature)      Date

Commanding Officer's Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Commanding Officer's Signature      Date

Write-Off:	<input type="checkbox"/>
Other: _____	
Re-Issue Granted	<input type="checkbox"/>

Forward to Detachment (Must accompany Detachment Loss & Theft Report)	<input type="checkbox"/>	Post to Supply Records	<input type="checkbox"/>	Other:
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