SUBMIT COMPLETED FORM

HAND RECEIPT/ANNEX NUMBER *For use of this form, se DA PAM 710-2-1.* *The Proponent agency is ODCSLOG.*	FROM: Office of the Chief	TO:	HAND RECEIPT NUMBER

FOR ANNEX/CR ONLY	END ITEM STOCK NUMBER	END ITEM DESCRIPTION	PUBLICATION NUMBER	PUBLICATION DATE	QUANTITY

STOCKNUMBER *a.*	ITEM DESCRIPTION *b.*	* *c.*	SEC *d.*	UI e.	QTY AUTH *f.*	*g.* QUANTITY A	B	C	D	E	F
Serial Number	☐ Laptop ☐ Hotspot			1	0	1	0	0	0	0	0
**********	Phone Number:	**********	**********	**********	**********	**********	**********	**********	**********	**********	**********
	**********	**********	**********	**********	**********	**********	**********	**********	**********	**********	**********
	Print Name:										
	Signature:										
	Date:										

* WHEN USED AS A:
HAND RECEIPT, enter Hand Receipt Annex number
HAND RECEIPT FOR QUARTERS FURNITURE, enter Condition Codes
HAND RECEIPT ANNEX/COMPONENTS RECEIPT, enter Accounting Requirements Code (ARC).

STOCKNUMBER *a.*	ITEM DESCRIPTION *b.*	* *c.*	SEC *d.*	UI e.	QTY AUTH *f.*	*g.* QUANTITY					
						A	B	C	D	E	F

Reverse of DA FORM 2062 USAPPC V2.10 PAGE _____ OF _____ PAGES