Reset Form | Print Form

LETTER OF AUTHORIZATION *(Prescribing Authority: DRMS-I 4160.14, Sec. 2, Ch. 6)*	TO:

I, _____ the undersigned, hereby authorize _____ to act as my agent on
(PRINT NAME) *(PRINT NAME)*

Contract _____ with respect to the items listed below and for the purpose indicated by check mark in the boxes provided under "Extent of Authority".

EXTENT OF AUTHORITY	LIST ITEM(S)
☐ Make payment.	
☐ Make payment and remove property.	
☐ Remove property.	
☐ Perform work required under the contract.	
☐ Accept and sign for deliveries above or below the quantity variations allowed under the contract.	
☐ Sign certifications required prior to Government's permitting release of property.	
Other (specify): _____	

SIGNATURE OF PURCHASER	DATE

DRMS FORM 1646, APR 2002 (EF) (Previous Edition May Be Used Until Exhausted)