

TRAINING AND AUDIOVISUAL PRODUCTION AND SERVICES CATALOG

APPENDIX B

<b>QUARTERLY DELEGATION OF AUTHORITY</b> <b>COMBAT VISUAL INFORMATION CENTER, MCB, CAMP SMEDLEY D. BUTLER</b>					
ORGANIZATION				CAMP	
AUTHORIZED PERSONNEL					
NAME: Last - First - MI	RANK	SSN	RTD	PHONE #	SIGNATURE
AUTHORIZATION BY RESPONSIBLE COMMANDING OFFICER					
The undersigned hereby delegates to the persons listed above, whose signature appears above, the authority to draw items for temporary issue from the Combat Visual Information Center, MCB, Camp Smedley D. Butler. The above listed personnel will be responsible for said equipment, however ultimately the main responsibility falls to the undersigned.					
NAME: Last - First - MI		RANK		SIGNATURE	
TITLE ORGANIZATION			DATE		
<b>* THIS DELEGATION OF AUTHORITY FORM WILL EXPIRE AT THE END OF EACH QUARTER</b>					