



GruO 6700.2

Date

Subj: REQUEST FOR CLASS VIII AUTHORIZED MEDICAL/DENTAL ALLOWANCE  
LIST (AMAL/ADAL) SUPPORT

Responsible Officer  
Alternate Responsible  
Officer:  
TEEP Number: i.e. BCR4A  
Event Number: i.e. M04-0404  
Date of Inventory/LTI: No less than 3 weeks prior to  
operation  
Date of Delivery: No less than 2 week prior to  
operation  
Estimated date of return: No less than 10 days after  
operation is over  
Reporting Unit RUC: i.e. M29067  
TEEP Funding allocated for \$4000.00  
Post-exercise Replenishment  
and or replacement costs.  
Unit PLA BRAVOCO//JJJ///

Note: If returning after 1 September, units will be required to  
arrange funding for the following fiscal year for post exercise  
deployment replenishment/replacement costs.

4. Point of contact concerning this request is (grade/rate,  
name), phone number, and email address.

5. An advance copy of this request was sent to CO/I&I, Medical  
Logistics Company, 4<sup>th</sup> Supply Battalion, 4<sup>th</sup> Force Service Support  
Group, on (date).

Commanding Officer's Signature

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Enclosure (1)