



TRANSPORTATION REQUEST FORM

Active Unit <input type="checkbox"/> Yes <input type="checkbox"/> No		Reserve Unit <input type="checkbox"/> Yes <input type="checkbox"/> No		National Guard <input type="checkbox"/> Yes <input type="checkbox"/> No	
TMP REQUESTS, CONTACT MS. SILVA: 526-8093 ** E-MAIL: allyson.v.silva.ctr@mail.mil					
1. Requesting Unit (organization)		Phone:		2. Date Needed:	
3. Pick Up Time: (After 0800 M-F)		4. Request By: (Print Name & Rank)		5. Date of Return:	
6. Return Time: (NLT 1430)		7. Driver Required <input type="checkbox"/> Yes <input type="checkbox"/> No		8. Driver Wait <input type="checkbox"/> Yes <input type="checkbox"/> No	
9.# of Passenger		10. Type of Vehicle(s) Requested: (Bus, 15 Pax Van, Stakebed, Box Truck, Reefer etc.)			
Transportation Coordinator Approval					
11. Purpose of Trip:			12. Unit or Agency Trans Coordinator (Name & Phone Number):		
Date Submitted to TMP:			Signature:		
13. Dispatch Information: (Fill out if Driver Required)			14. FOR TMP USE ONLY		
a. Report to: (Point of Contact)			a. <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Statement Non-Availability		
b. Pick Up Time:			b. Received By: <input type="checkbox"/> Fax <input type="checkbox"/> E-mail <input type="checkbox"/> Drop Off		
c. Pick Up At: (Building #)			c. Date Request Received:		Control #:
d. Transport To:			d. Request Processed By:		
e. Type and Amount of Cargo:			e. Vehicle TMP(s):		
POD Required: <input type="checkbox"/> Yes <input type="checkbox"/> No		POD Approved By and Date:		TMP Fleet Vehicle: <input type="checkbox"/> Yes <input type="checkbox"/> No	
				Reimbursement: <input type="checkbox"/> Mileage <input type="checkbox"/> Daily Rate <input type="checkbox"/> N/A	
Daily Rate for TMP Fleet Vehicle					
Sedan, Minivan, 15 Pax Van, Trucks		Stakebed, Box Truck		Bus	
Estimated Cost:					
Mileage	\$ 0.23	Mileage	\$ 0.60	Mileage	\$ 0.75
Resource Management Information					
This section is completed when vehicle funding is required.					
Unit or Agency Resource Manager information					
Name:					
Phone #:					
E-mail:					
WBS#:					