REQUEST FOR PORTABLE CHEMICAL LATRINES AND VALIDATION OF SERVICES

(For use of this form, see FH REG 350-40. The proponent agency is DPTMS.)

PART I - INFORMATION

1. TO:	2. FROM:
DPTMS RANGE DIVISION ATTN: COR FORT HOOD, TX 76544-5056	

3. REQUEST PORTABLE CHEMICAL LATRINE BE PROVIDED FOR: (Requesting Unit / Activity)

4. COST OF REQUESTED SERVICES IS CHARGEABLE: (Account Processing Code)

5. SERVICE PERIOD: START DATE AT 0001 HOURS AND ENDING ON AT 2400 HOURS

6. DELIVER NOT LATER THAN: HOURS ON SERVICE START DATE.

7. NUMBER OF LATRINES REQUIRED WITH STANDARD SERVICES EVERY 2ND DAY:

8. REQUEST DAILY SERVICE: ☐ YES ☐ NO

9. LATRINES ARE REQUIRED AT: (Grid coordinates: 8-digit minimum / range name) _____ ; _____ ;

_____ ; _____ ; _____ ; _____ ; _____

10. LATRINES WILL BE RELOCATED: (Grid coordinates: 8-digit minimum) AT AT

LATRINES WILL BE DELIVERED AND GLOBALLY POSITIONED AT GRID COORDINATES PROVIDED.
(8-DIGIT GRID REQUIRED - ENSURE ACCURACY.)

ANY SPECIAL CIRCUMSTANCES THAT REQUIRE SPECIAL DELIVERY CONSIDERATIONS REQUIRE ARRANGEMENTS AT THE TIME THE FORM IS SUBMITTED BY EMAIL OR ATTACHMENT.

PART II - REQUESTOR

NOTE: FUND AVAILABILITY IS CERTIFIED WHEN A COMPTROLLER FORWARDS THIS REQUEST TO DPTMS RANGE DIVISION.

11a. TYPED NAME OF POC:	11b. TELEPHONE: (Beginning with area code)	
12a. TYPED NAME OF CO, XO, OR S4 OFFICER:	12b. SIGNATURE:	12c. DATE SIGNED: (YYYYMMDD)

PART III - COMPTROLLER

13a. TYPED NAME OF COMPTROLLER:	13b. SIGNATURE:	13c. DATE SIGNED: (YYYYMMDD)

FORWARD REQUESTS AND CUSTOMER COMMENTS TO: DWAYNE.LECLERC@US.ARMY.MIL OR VAUGHN.YOUNG@US.ARMY.MIL

PART IV - AUTHORIZING OFFICIAL

14. FOR: CHEMICAL LATRINE CONTRACTOR

15. REQUEST FOR PORTABLE CHEMICAL LATRINES HAS BEEN RECEIVED AND APROVED FOR DELIVERY.

16. REQUIREMENT NUMBER: HAS BEEN ASSIGNED.

17. THIS REQUIREMENT IS FOR BID.

18. FROM DATE: THROUGH DATE:

19a. TYPED NAME OF AUTHORIZING OFFICIAL	19b. SIGNATURE	19c. DATE (YYYYMMDD)