

REQUEST FOR MOTOR TRANSPORTATION

(FORSCOM Suppl 1 to AR 58-1)

1. TO TMP		2. DATE WANTED	3. TIME WANTED	
4. REQUESTED BY <i>(Name)</i>		TELEPHONE NO	5. DRIVER REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No	
7. REQUESTED FOR <i>(Organization)</i>		TELEPHONE NO	8. NO PASSENGERS	
			9. WAIT <input type="checkbox"/> Yes <input type="checkbox"/> No	
DISPATCH INFORMATION	10. a. Report to		14. FOR TMP USE ONLY	
	b. Pickup at			a. <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
	c. Deliver to			b. Date/time request received
	d. Location			c. Request received by
	e. Type and amount of cargo			d. Type vehicle and TMP number
11. PURPOSE OF TRIP		e. Comments		
12. UNIT OR AGENCY TRANSPORTATION COORDINATOR	TELEPHONE NO			
13. SIGNATURE				

INSTRUCTIONS

All information, except Block 13, will be either typed or printed.

- Block 1. Add supplemental address information to insure delivery to TMP.
- Block 2, 3. Self-explanatory.
- Block 4. Individual requesting transportation services.
- Block 5, 6. Self-explanatory.
- Block 7. Activity which requires transportation.
- Block 8. Self-explanatory.
- Block 9. If TMP provides driver, will driver be required to wait for further transport?
- Block 10. Required for dispatcher information. Blocks a-e are self-explanatory.
- Block 11. Self-explanatory.
- Block 12. Name and phone number of the requestor's transportation coordinator.
- Block 13. Signature of individual named in Block 12.
- Block 14. For TMP use only. Blocks a-e are self-explanatory.

Request will be submitted in duplicate. After the TMP completes Block 14, the individual in Block 4 will be notified.