

REQUEST FOR TRANSPORTATION
Please print or type all information in Blocks 1-12 in Part I

PART I

1. TO: Transportation Motor Pool (Bldg 13804)	2. FROM UNIT/ACTIVITY:	3. DATE:				
4. REQUESTOR NAME:		5. TELEPHONE:				
6. TYPE(S) OF VEHICLE(S) REQUESTED:						
7. COMPLETE THE FOLLOWING BASED ON MISSION REQUIREMENTS:						
UNIT	DATE	PICKUP TIME	RETURN TIME	PICKUP POINT	DESTINATION	NUMBER OF PASSENGERS (BUS ONLY)
8. WILL REQUESTING UNIT PROVIDE THEIR OWN DRIVER? YES ___ NO ___						
9. JUSTIFICATION:						
10. NAME AND RANK OF DRIVER:						
11. NAME AND RANK OF REQUESTING AUTHORITY:				12. SIGNATURE OF REQUESTING AUTHORITY:		

PART II

1. TO: **TRANSPORTATION MOTOR POOL (BLDG 13804)** 2. DATE:

3. YOUR REQUEST FOR TRANSPORTATION IN EXCESS OF 175 MILES OF FT. GORDON WAS RECEIVED BY THIS OFFICE AND THE FOLLOWING ACTION WAS TAKEN BASED ON VEHICLE AVAILABILITY:

AVAILABLE: _____ NOT-AVAILABLE: _____ TMP NUMBER (When using your assigned vehicle) _____.

4. COMMENTS:

5. TO: **INSTALLATION TRANSPORTATION OFFICER (BLDG 3372C)** 6. DATE:

7. YOUR REQUEST FOR TRANSPORTATION WAS RECEIVED BY THIS OFFICE AND THE FOLLOWING ACTION WAS TAKEN: APPROVED _____ DISAPPROVED _____

8. COMMENTS:

_____ _____

TMP SUPERVISOR RONALD E. PRICE

INSTALLATION TRANSPORTATION OFFICER

FG FORM 8060-R-E PREVIOUS EDITION 15 SEP 96 IS OBSOLETE