

TRANSPORTATION REQUEST

(SEE INSTRUCTION ON REVERSE)

TO:

FROM:

WEEK OF:

DATE SUBMITTED:

DATE	TIME/DATE		VEHICLES NO. TYPE	REPORT TO NAME	PLACE	DESTINATION	PROBLEM NO. EQUIP FOR TRAN.	NO. OF PERS.	REMARKS
	FROM	UNTIL							

RECEIVED BY:

DATE/TIME RECEIVED:

SIGNATURE:

APPROVED

RANK AND TITLE:

DISAPPROVED

INSTRUCTIONS ONLY FOR USE OF FACILITIES DIVISION, SUPPORT BRANCH, MOTOR TRANSPORTATION

1. For administrative transportation fill out this form consolidating requests by days on weekly basis and send directly to the Motor Transport Officer in triplicate. Requests must be received two (2) full working days in advance of earliest requirements.
2. When designating place to report, six number grid coordinates from map will be used, (i.e. 505.649), except when reporting place is a building or office in which case the appropriate number will be used.
3. Signatures will be placed on the last page of the request with rank and title typed there under.
4. For transportation to support the training program fill out the form as outlined above and send direct to the Motor Transport Officer in triplicate, with information copy to Commanding General Marine Corps Base (Attn: Head, Operations Department) submit two (2) weeks prior to week in which transportation is required.
5. For all changes to initial requests the procedure outlined above will be followed. At the top of the form state details necessary to identify original request being changed. In the event the time element precludes written changes, telephone changes may be made with the supporting activity concerned and with Head, Operations Department for those requests in support of training program. Care should be exercised to hold telephone changes to minimum.