

# Request for Recurring Dispatch Transportation Services

## Part II - Justification

Registration number of assigned vehicle (leave blank for new requirement)

For IFMS vehicles use the **G-Number** (format G##-####E) **NOT the license plate** of the vehicle.

Recommended type of vehicle

Select the most economical type of vehicle which best suits your requirement.

Recommended special options

List special options required for mission fulfillment only.

Proposed use of vehicle

Destinations

Average number of hours/miles vehicle will be operated per day  Hours  Miles

Describe in detail what the vehicle will be used for, be specific.

Remarks (What will be the impact, if this request is denied. How are you currently performing the mission?)

## Part III - Evaluation

For Logistics Readiness Center use only

Average monthly utilization  % of working days used  Miles

approved  disapproved  non-reimbursable  reimbursable

Comments