LOGISTIC READINESS CENTER
TMP: (drop down menu)
TRANSPORTATION REQUEST

Control Number for Statement of Non-Availability: _____ Date of Request: _____

MEMORANDUM FOR (mark applicable)	Dispatch Center Grafenwoehr ____	Dispatch Center Vilseck ____

Email TMP Grafenwoehr: usarmy.bavaria.405-afsb.list.lrc-tmp-grafenwoehr@mail.mil
Email TMP Vilseck: usarmy.bavaria.405-afsb.list.lrc-tmp-vilseck@mail.mil

Part 1. REQUESTOR

Unit/Activity/Office: _____

POC at Unit/Activity/Office: Name: _____   Phone: _____

Part 2. REQUESTED SUPPORT

Number and Type of requested Vehicle(s): _____

Number of Passengers/Type of Cargo: _____

Is TMP Driver required? _____   _____   Is Fuel Card required? _____   _____
              Yes   No   Yes   No

Operator's Name and Rank: _____

Purpose of Trip and Destination: _____

_____

If TMP Driver is required, TMP Driver must report to: Bldg#:_____ Date:_____ Time:_____ POC:_____

Date and Time of Pick-up of NTV from TMP:_____/_____
                        Date   Time

Date and Time of Return of NTV to TMP:_____/_____
                        Date   Time

Remarks: _____

_____

Unit Transportation Coordinator's Name (print):_____   UTC's Signature: _____

Notes:
(1) By signing this transportation request, UTC certifies that the general dispatch vehicle(s) is (are) essential for accomplishment of official business travel and none of the NTVs on recurring dispatch to the unit is available for this mission.
(2) Transportation request must be submitted a minimum of three work days prior to date/time the support is needed.
(3) 72 hours prior to date/time the transportation support is needed, TMP will notify UTC to verify requirement and status of support availability.
(4) Vehicles not picked up by 0900 hrs or any other coordinated pick up time will be considered for fill of other transportation needs.
(5) Vehicle must be refueled and cleaned inside and outside prior to returning it to TMP.
(6) UTC serves as the POC for the resolution and payment of fines for traffic violations and reimbursement for accidents by unit NTV users.

AREA BELOW IS FOR TMP USE ONLY

Date/Time Request received: _____   Received by: _____

Requested Transportation Support available? _____   _____   Selected NTV(s): _____
              Yes   No

Requested Transportation Support approved? _____   _____   _____
              Yes   No   Signature

Remarks:_____

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