




REQUEST FOR NONTACTICAL VEHICLE SUPPORT

1. Date <input style="width: 80%;" type="text"/>	2a. Pick-Up Date <input style="width: 80%;" type="text"/>	3a. Return Date <input style="width: 80%;" type="text"/>	4. Using Unit/Activity
5. Request No. <input style="width: 80%;" type="text"/>	2b. Time <input style="width: 80%;" type="text"/>	3b. Time <input style="width: 80%;" type="text"/>	
6. Type & Quantity of Vehicles Requested			
<input type="checkbox"/> LSEV	<input type="checkbox"/> 12 PAX Van	<input type="checkbox"/> Cargo Van	<input type="checkbox"/> Stake & Platform
<input type="checkbox"/> Sedan	<input type="checkbox"/> 15 PAX Van	<input type="checkbox"/> Pick-Up	<input type="checkbox"/> Tractor Trailer
		<input type="checkbox"/> Box Truck	<input type="checkbox"/> Bus (Attach Schedule)
7. Destination			
<input type="checkbox"/> On Post <input type="checkbox"/> Off Post (Local Area) <input type="checkbox"/> Outside the POD (Over 100 Miles)			
a. From <input style="width: 90%;" type="text"/>			
b. To <input style="width: 90%;" type="text"/>			
8. Intended Use of Vehicles			
a. Is a TMP Driver Required? <input type="checkbox"/> YES <input type="checkbox"/> NO		b. Is Cargo Being Loaded? <input type="checkbox"/> YES <input type="checkbox"/> NO	
c. Number of Personnel Traveling <input style="width: 30%;" type="text"/>	d. Unit Assigned Vehicle(s) <input type="checkbox"/> YES <input type="checkbox"/> NO	e. Tag Number(s) <input style="width: 80%;" type="text"/>	
f. Explanation and Special Equipment Requirements			
9 Budget & Funding			
a. Name of Budget Officer, Rank/Grade	b. Phone No.	c. Signature	
<input style="width: 90%;" type="text"/>	<input style="width: 80%;" type="text"/>		
d. Fund Site/MIPR/Account Information			
10. POC for Commitment (Primary Operator)			
I am aware and will inform personnel using this vehicle that misappropriation or personal use of this vehicle is in direct violation of public law and the UCMJ (AR 58-1, 31 U.S.C. Section 1344, and 41 CFR Parts 102-5 and 102-34).			
a. Name, Rank/Grade	b. Phone No.	c. Signature	
<input style="width: 90%;" type="text"/>	<input style="width: 80%;" type="text"/>		
d. Email Address <input style="width: 80%;" type="text"/>	e. Alternate Contact Number <input style="width: 80%;" type="text"/>		
11. Transportation Coordinator			
a. Name, Rank/Grade	b. Phone No.	c. Signature	
<input style="width: 90%;" type="text"/>	<input style="width: 80%;" type="text"/>		
d. Email Address <input style="width: 80%;" type="text"/>	e. Alternate Contact Number <input style="width: 80%;" type="text"/>		
12. For ITO/TMP Use Only			
a. Date <input style="width: 80%;" type="text"/>	b. Disposition <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	c. Reimbursable <input type="checkbox"/> Yes <input type="checkbox"/> No	d. Vehicle Tag Numbers
e. Remarks <input style="width: 90%;" type="text"/>		f. Est. Cost <input style="width: 80%;" type="text"/>	
g. Approving Officer Name, Grade <input style="width: 80%;" type="text"/>	h. Signature 