

SEMIANNUAL VEHICLE SUPPORT JUSTIFICATION

1. Date <input type="text"/>		2. Justification Period Covered		3. Using Unit/Activity	
4. Type of Justification		<input type="text"/> to <input type="text"/>			
<input type="checkbox"/> New <input type="checkbox"/> Renew					
5. Type of Vehicle					
<input type="checkbox"/> LSEV <input type="checkbox"/> Pass. Van <input type="checkbox"/> 4x2 Pick-Up <input type="checkbox"/> SUV <input type="checkbox"/> Stake & Platform <input type="checkbox"/> Special Purpose (list below) <input type="checkbox"/> Sedan <input type="checkbox"/> Cargo Van <input type="checkbox"/> 4x4 Pick-Up <input type="checkbox"/> Trailer <input type="checkbox"/> Box Truck					
6. Destination		<input type="checkbox"/> On Post <input type="checkbox"/> Off Post (Local Area) <input type="checkbox"/> Outside the POD (Over 100 Miles)			
7. Justification					
a. Estimated Daily Mileage		b. Number of Trips Per Day		c. Can a Tactical Vehicle meet the Mission Needs?	
<input type="text"/>		<input type="text"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
d. Reason for Vehicle on Extended Dispatch?					
e. Reason Why a General Dispatch Vehicle Would Be Inadequate?					
8. Budget & Funding					
a. Name of Budget Officer, Rank/Grade			b. Phone No.	c. Signature	
<input type="text"/>			<input type="text"/>	<input type="text"/> <input type="text"/>	
d. Fund Site/ MIPR/ Account Information					e. Amount
<input type="text"/>					<input type="text"/>
9. 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 type="text"/>		<input type="text"/>	<input type="text"/> <input type="text"/>		
10. Transportation Coordinator (Primary and Alternate) - Attach a Copy of Appointment Orders/Memo with this Packet					
a. Name, Rank/Grade		b. Phone No.	c. Signature		
Primary <input type="text"/>		<input type="text"/>	<input type="text"/> <input type="text"/>		
Alternate <input type="text"/>		<input type="text"/>	<input type="text"/> <input type="text"/>		
11. For ITO/TMP Use Only					
a. Date		b. Disposition		c. Type of Vehicle	d. Vehicle Tag Number
<input type="text"/>		<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		<input type="text"/>	<input type="text"/>
e. Is this Vehicle Authorized on the TDA?		<input type="checkbox"/> Yes <input type="checkbox"/> No		f. IMCOM Funded Activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Remarks					
h. Approving Officer Name, Grade				i. Signature	
<input type="text"/>				<input type="text"/> <input type="text"/>	