REQUEST FOR MOTOR TRANSPORTATION
(USAFACFS Reg 56-1. Para 4)

1. THRU: UNIT TRANSPORTATION COORDINATOR
UNIT/ORG:
DATE _____

2. TO: TRANSPORTATION OFFICER, DOL

3. REQUESTER _____
UNIT/ORG _____
PHONE _____

4. TYPE OF TRANSPORTATION DESIRED:
_____
FROM _____ TO _____
(DATE & TIME) (DATE & TIME)

5. VEHICLE REPORTS TO:
NAME _____
REPORTING POINT _____

6. NUMBER OF PASSENGERS _____
DESCRIPTION OF CARGO _____
_____

7. DESTINATION:
_____
_____

8. WITH DRIVER _____
WITHOUT DRIVER _____

9. FUND CITE/COST CODE:
_____

10. ESTIMATED MILEAGE _____

11. ESTIMATED DAILY TRIPS _____

12. JUSTIFICATION (EXPLAIN MISSION REQUIREMENTS IN DETAIL)

13. _____
SIGNATURE OF REQUESTER

14. _____
SIG OF UNIT TRANS COORDINATOR

TRANSPORTATION OFFICE ACTION

APPROVED____ DISAPPROVED____ IF ASSETS AVAIL____ NO ASSETS AVAIL____
REIMBURSABLE____ NON-REIMBURSABLE____

TRANSPORTATION OFFICER: _____

FS FORM 833-E
(DOL) Rev 15 Dec 95

Previous edition is obsolete.