

REQUEST FOR MISSION VEHICLE SUPPORT
(EUSA REG 58-1)

1. REQUEST FOR MISSION VEHICLE SUPPORT IS SUBMITTED:

a. TYPE OF VEHICLE REQUIRED	b. NUMBER OF PASSENGERS
c. IF PRIMARY TYPE OF VEHICLE IS NOT AVAILABLE, IS A SUBSTITUTE ACCEPTABLE <input type="checkbox"/> YES <input type="checkbox"/> NO	d. DATE OR INCLUSIVE DATES VEHICLE SUPPORT IS REQUIRED
e. TIME VEHICLE WILL BE PICKED-UP AT THE TMP	f. TIME THE VEHICLE IS EXPECTED TO BE RETURNED TO THE TMP
g. OFFICIAL USER (Name, Grade, Organization, and Telephone Number)	
h. REPORTING POINT WHERE THE DRIVER WILL REPORT AFTER PICKING-UP THE VEHICLE FROM THE TMP (Unit, Building Number, and Room Number)	

i. DESTINATION (The furthest point the vehicle is expected to travel)	j. DRIVER'S NAME (Name of second or third drivers, if appropriate)
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k. JUSTIFICATION (Use reverse side if necessary)

l. IF AN EXTENDED DISPATCH IS REQUIRED, PROVIDE A VALID JUSTIFICATION. EXTENDED DISPATCHES WILL NOT BE GIVEN FOR CONVENIENCE:

I AM AWARE AND WILL INFORM ALL PERSONNEL USING THIS VEHICLE THAT MISAPPROPRIATION OF PERSONAL USE OF THIS VEHICLE IS IN DIRECT VIOLATION OF PUBLIC LAW AND THE UNIFORM CODE OF MILITARY JUSTICE. THIS REQUEST WILL BE SUBMITTED AT LEAST 48 HOURS IN ADVANCE BEFORE THE TIME MISSION VEHICLE SUPPORT IS REQUESTED.

2. THIS ACTIVITY DOES NOT HAVE TRANSPORTATION AVAILABLE TO MEET THIS REQUIREMENT.

OFFICIAL USER (Name, Grade, and Organization)	TRANSPORTATION COORDINATOR (Name, Grade and Phone No.)
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SIGNATURE AND DATE	SIGNATURE AND DATE
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APPROVED/DISAPPROVED BY:	TYPE OF VEHICLE APPROVED:
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