

REQUEST FOR USE OF GOVERNMENT VEHICLE

(FB Reg 55-1)

FROM:	TO: TRANSPORT BRANCH, LSD, DOL 9900 DALRYMLE, STE 1 FORT BELVOIR, VA 22060-5438	DATE:
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DRIVER INFO:	IS TMP DRIVER REQUIRED?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	USER DRIVER PROVIDED?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

TMP DRIVER INFORMATION

WHO SHOULD DRIVER REPORT TO?	LOCATION AND PHONE NUMBER:	TIME AND DATE:
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USER DRIVER INFORMATION

TIME AND DATE OF PICKUP AT TMP:	QUANTITY AND CARGO TYPE:	TYPE VEHICLE:
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DESTINATION:	TIME/DATE VEHICLE TO BE RETURNED TO TMP:	REQUEESTOR PHONE NUMBER:
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MISSION

Fuel Key Statement:

1. I UNDERSTAND THAT IF THE FUEL KEY IS NOT RETURNED TO THE FB TMP I WILL BE CHARGE THE AMOUNT OF \$80.00
2. I TAKE RESPONSIBILITY FOR THE FUEL KEY ASSIGNED TO VEHICLE:

Tag:	Print	Sign & Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

APPROVED
DISAPPROVED

TRANSPORTATION COORDINATOR SIGNATURE