

REQUEST FOR MOTOR TRANSPORTATION

1. TO: DOL/ITD/TMP		Heavy Side Scheduler 253-967-6150 Heavy Side Dispatch 253-966-4656 Light Side Scheduler 253-967-5990 Light Side Dispatch 253-967-5990 Management 253-967-5388	2. DATE WANTED	3. TIME WANTED
4. REQUESTED BY (NAME)	TELEPHONE # & EMAIL ADDRESS		5. DRIVER REQUIRED () YES () NO	6. DATE/TIME RETURN
7. REQUESTED FOR (ORGANIZATION)		TELEPHONE #	8. # PASSENGERS	9. WAIT () YES () NO
10	a. POINT OF CONTACT		FOR TMP USE ONLY	
DISPATCH INFORMATION	b. PICKUP AT BUILDING #		a. () APPROVED () DISAPPROVED	
	c. DELIVER TO BUILDING #		b. DATE/TIME REQUEST RECEIVED	
	d. POST TO BE DELIVERED TO		c. REQUEST RECEIVED BY:	
	e. TYPE AND AMOUNT OF CARGO		d. TYPE VEHICLE AND TMP #	
11. PURPOSE OF TRIP			e. COMMENTS	
12. FUND CITE				
13. UNIT TRANSPORTATION COORDINATOR		TELEPHONE #		
14. SIGNATURE		EMAIL ADDRESS		