

Please request 2 weeks in advance.

## MCCS CAMP FUJI TRIPS TRANSPORTATTRANSPORTATION REQUEST Form

То	day's date:					/Te	Request/Invoice #	
To	o: Camp Fuji MCCS Tri	ips Transpor	tation and Recr	eation office		(70	be completed by MCCS)	
1.	Request the following	motor vehic	le transportatio	n support: (compl	ete sections a thru c i	f starting point is Cam	p Fuji)	
a.	Depart transportation request date:							
b.	Number of Passengers reque	ested to transport	:					
C.	Time vehicle requested:		Pick up location:		Destination:		]	
d	Return transportation request	t date:			( please indicate if MCC	S Camp Fuji Transportati	on is required)	
е	Number of Passengers reque	ested to transport	:					
f	Time Vehicle requested:		Pick up location:		Destination:	(applies to	o "d" and "e" above)	
2.	Airport Request informat	tion: (Informa	tion required is the	at portion that applie	s to MCCS Camp Fuj	ii Transportation)		
a.	Pick up (airport):	Airline:	Flight #	Flight Time:	Date:	Terminal:	# of passengers:	
b.	Drop off (airport):	Airline:	Flight #	Flight Time:	Date:	Terminal:	# of passengers:	
		1						
							_	
3	Unit(required):						_	
4	<b>Customers Name:</b>	(please provide th	ne name of the individua	I completing this form and	submitting)		]	
5	Duty phone Number:			Cell phone number	( optional):		]	
6	E-mail Address:						]	
							_	
	prior to the date vehi	icle request to MCCS C	<u>ed</u> above, durir amp Fuji by the	ng the hours of 11 required <u>5 days</u>	00-1430, 1530 - 1 prior to the <b>date v</b>	830 <u>Monday thru</u> ehicle requested	a minimum of <u>5-7 days</u> <u>Friday</u> . In the event above, the request will be	
	Customers sig	nature:					]	
		* Appropria	te civilian attire	is required on all	MCCS vehicles wh	hile on liberty.	_	
	Transportation Sec	tion:						
	Estimate for this serv	vice is:						
	The above vehicle re	equest is: A	Approved / Disa	approved by				
	The reason for disap		8657 or E-mail naga	atam@okinawa.usmc-	mccs.org			
	Payment is by:							