

Please request 2 weeks in advance.

MCCS CAMP FUJI TRIPS TRANSPORTATTRANSPORTATION REQUEST Form

То	day's date:				<i>(</i> -	Request/Invoice #				
То	(To be completed by MCCS) To: Camp Fuji MCCS Trips Transportation and Recreation office									
1.	1. Request the following motor vehicle transportation support: (complete sections a thru c if starting point is Camp Fuji)									
a.	Depart transportation request date:									
b.	Number of Passengers requested to transpor	:								
C.	Time vehicle requested:	Pick up location:		Destination:]				
d	Return transportation request date:			(please indicate if MCCS	S Camp Fuji Transportatio	on is required)				
е	Number of Passengers requested to transpor	:								
f	Time Vehicle requested:	Pick up location:		Destination:	(applies to	"d" and "e" above)				
2. <u>Airport Request information</u> : (Information required is that portion that applies to MCCS Camp Fuji 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	Customers Name: (please provide t	he name of the individua	al completing this form and	l submitting)]				
5	Duty phone Number:		Cell phone number	(optional):]				
6	E-mail Address:]				

I understand that this fee must be paid to MCCS Camp Fuji trips transportation and recreation office at a minimum of <u>5-7 days</u> prior to the date vehicle requested above, during the hours of 1100-1430, 1530 - 1830 Monday thru Friday. In the event payment is not made to MCCS Camp Fuji by the required 5 days prior to the date vehicle requested above, the request will be cancelled without obligation of notification of the cancellation to the requester by MCCS Camp Fuji.

Customers signature:							
* Appropriate civilian attire is required on all MCCS vehicles while on liberty.							
Transportation Section:							
Estimate for this service is:							
The above vehicle request is: App	oroved / Disapproved by						
The reason for disapproval:	7 or E-mail nagatam@okinawa.usr	nc-mccs.org					
Payment is by:							