



STATE OF NEW JERSEY
DEPARTMENT OF MILITARY AND VETERANS AFFAIRS
P.O. Box 340
Trenton, NJ 08625-0340



DATE _____

INTEROFFICE MEMORANDUM

TO: MSG(Ret) Robert Greco-IASD-ASB-RALV

SUBJECT: Vehicle Dispatch Request

1. Request dispatch of IASD Pool Vehicle:

a. Sedan _____ Van (7) Passenger _____ Wagon _____

b. Vehicle requested for period of:

From _____ To _____

Destination _____

Requested dispatch time _____

c. Vehicle (will/ will not) be required for overnight or weekend use.

2. Vehicles will be dispatched based on distance of commute and order received.

3. Vehicle must be signed out within one (1) hour of dispatch time or request will be canceled.

4. Was Director's Vehicle or Division Pool Vehicle available _____

Name of Driver _____

Division _____ Phone Number _____

Signature of Driver _____

Vehicle available _____ vehicle not available _____
