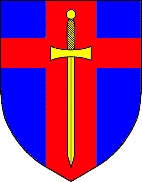
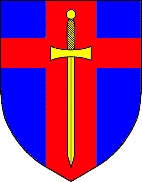
**EJSU (SHAPE) REQUEST FORM**

***72 working hrs******notice must be given to MT for all Vehicle requests.***

***All information is required by Clarity traveller - incomplete requests will be returned.***

**Part 1: Travellers Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name:** |  | **Last Name:** |  |
| **Rank:** |  | **Staff Number:** |  |
| **Work Location:** |  | **Unit:** |  |
| **Civilian Telephone:** |  | **Military Telephone:** |  |
| **Mobile Telephone:**  **(WHICH WILL BE USED ON THE DAY OF TRAVEL AND TURNED ON)** |  | **MOD Email:** |  |

**Part 2: Journey Details PLEASE COMPLETE ONE FORM PER JOURNEY/ PER VEHICLE**

\**delete as required*

|  |  |  |
| --- | --- | --- |
| **MT Driver Required\*:** | Yes / No | |
|  |  | |
| **Do you wish to use POV (Privately owned vehicle) and claim MMA\*?** | Yes/No | |
| **Do you have business insurance\*?**  **Do MT/HoL have a copy of your FMT/102 with LM signature\*?** | Yes/No  Yes/No | |
| **Start Location:**  **(FULL ADDRESS REQUIRED)** |  | |
| **Destination Location:**  **(FULL ADDRESS REQUIRED)** |  | |
| **Start** | **Date: Time:** | |
| **End** | **Date: Time:** | |
| **Number of Passengers:** |  | **Passenger's details:**  **Number:**  **Rank: Name:** |
| **Purpose of Travel in fullest detail:** | | |
| **UIN**  **BUIN**  **Share Journey?** | | |

**PART 3: AUTHORISATION / ANY FURTHER DETAILS**

**Please include any further information below to support the request and attach as authorisation.**

i.e., Joining instructions, EJSU Travel Team Authority number, Flight No(s) ETA/ETD.

*Place* **X** *in box as required*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Travel Cell Authority |  | Med/Dental Centre Authority for appointments |  | Sports Auth |  |
| Joining Instructions |  | Mess Function |  | Adventure Trg Auth |  |
| Appointment Confirmation |  | Sports/AT Authority |  | Other |  |

**Declaration**

*I confirm that I hold a valid driving licence and FMT 600 for the category of vehicle I will be using and medically compliant to undertake the journey above.*

*I declare that the information entered onto this request for use of MOD transport is correct and in accordance with JSP 800 and that use of MOD transport for official purposes has been authorised within my management area.*

*I also understand that it is a serious offence to make or conspire in making a false statement on this request and acknowledge that any false statement may lead to criminal prosecution or administrative/disciplinary action, either of which could result in dismissal.*

**REQUESTER TO SIGN**

Date: Rank/Grade: Name: Signature:

**Electronic requests to be submitted to Unit MT Dep and cc QM EJSU**

[**EJSU-J4-MT-MailBox@mod.gov.uk**](mailto:EJSU-J4-MT-MailBox@mod.gov.uk) **/** [**David.Gordon114@mod.gov.uk**](mailto:David.Gordon114@mod.gov.uk)

**PART 4: TASK ACCEPTANCE / REJECTION (To be completed by EJSU MT Staff)**

|  |  |
| --- | --- |
| Task Accepted: Yes / No  POV Approved: Yes / No | Signed:  Signed: |

|  |
| --- |
| **Reason for non-acceptance.** i.e. Insufficient detail/non entitlement |