

LOGISTICS SUPPORT REQUEST

MISSION #:	
Date of Request:	
Mission Date:	
Contract Number:	
Shipment Order:	
Will Call Pick Up (yes/no):	
REQUESTING POC:	
Name:	
Rank:	
Phone / E-Mail:	
MISSION LOCATION DATA INCLUDING FULL GRID REFERENCES:	
Departure Location:	
Departure Time:	
Location Destination:	
Location Grid Coordinate:	
VERIFIABLE RECEIVING POC:	
Primary POC Name:	
Rank:	
Phone / E-Mail:	
Secondary POC Name:	
Rank:	
Phone / E-Mail:	
Receiving Unit:	
MHE Available (Yes/No):	
SPECIAL INSTRUCTIONS:	
MISSION INFORMATION:	
GENERAL CARGO DESCRIPTION (LIST CARGO AND SKU NUMBER):	
WAREHOUSE INSTRUCTIONS:	
Transit From Warehouse (PCO, CMATT, CPATT, BPA, OTHER):	
SECURITY REQUIRED (Private or Military):	

60 Hours Prior Notice Required.

LSR Cut off point is at 1600 hrs Daily.

**Example: Submit LSR by 1600 hrs Thursday 19 August,
Mission Execution; No earlier than Sunday 22 August.**

10 Vehicle Limit for Convoys

To be sent to pcolmcc@pco-iraq.net