

## **DoD Bus Program | Arranging a Move**

## **A Checklist for Transportation Officers**

November 2021

This checklist outlines complete details needed prior to submitting a Request for Service in GOPAX. \*Funding should be approved prior to submission of a GOPAX request.

| 1.  | Identify the group (e.g. Unit, Recruits, National       |  |
|-----|---|--|
|     | Guard):   |  |
| 2.  | Type of travel (e.g. Temp Duty, Training):              |  |
| 3.  | Date transportation is needed:                          |  |
| 4.  | Number of persons traveling:                            |  |
| 5.  | Origin of travel (specific address of pickup location): |  |
| 6.  | Destination of travel (specific address of drop-off     |  |
|     | location):  |  |
| 7.  | - h   |  |
|     | travel (ensure enough time is set aside for             |  |
|     | loading/unloading passengers and                        |  |
|     | equipment/baggage):                                     |  |
|     | Meals/rest stop requirements:                           |  |
| 9.  | Expected time of arrival at destination:                |  |
| 10. | Capacity of motor coach equipment required, if          |  |
|     | necessary (e.g. 35/47/56 seating bus):                  |  |
|     | Estimated number of personal baggage(s):                |  |
| 12. | Estimated weights of personal baggage(s):               |  |
| 13. | Estimated number, weight & cube dimensions of           |  |
|     | the largest articles & brief description of military    |  |
|     | impedimenta (ammo & hazardous materials must be         |  |
|     | indicated separately and identified as small arms, etc. |  |
| 14. | Baggage truck requirements (yes/no and how              |  |
|     | many):  |  |
| 15. | Special passenger equipment or special                  |  |
|     | accommodations for patients & attendants or             |  |
|     | prisoners & guards (serial number of government-        |  |
|     | owned equipment must be included):                      |  |
| 16. | Name and address:                                       |  |
|     |   |  |
|     | Email and duty station:                                 |  |
|     | Emergency phone/contact numbers                         |  |
|     | Emergency phone/contact numbers                         |  |
|     | (mobile/home) for the TO and responsible group leader:  |  |
| 17  | Form of payment (CBA card):                             |  |
| 17. | roilli oi payment (CDA calu):                           |  |