

Minnesota Interagency Coordination Center

CHECK IN • TRAVEL REQUEST • RELEASE

mncclogistics@gmail.com

Incident Name: _____ O, C, E #: _____

Incident Resource #: _____

Destination (City and State): _____

Email(s) to send travel itinerary: _____

Phone contact: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

I am arranging my own travel and will supply a demob itinerary.

_____ Release Date (Last day on Unit)

AIR TRAVEL *(Name must match ID)*

First Name: _____

Middle Name: _____

Last Name: _____

Gender (M/F): _____ Date of Birth (MM/DD/YYYY): _____

Departure City and State OR Jetport: _____

Departure Date/Time: _____

Arrival City and State OR Jetport: _____

Arrival Date/Time: _____

Are you returning a rental vehicle? _____

Do you need transportation arranged? **Expanded Dispatch Only** _____

GROUND TRAVEL

Vehicle Information (circle one): AOV GOV POV E# (if assigned): _____

ETD: _____ ETA: _____

Return Travel Plan (for multi day return travel): _____

ETD: _____ ETA: _____ RON: _____

ETD: _____ ETA: _____ RON: _____

ETD: _____ ETA: _____ RON: _____