SAAM OR JCS EXERCISE - AIRLIFT REQUEST

PRIN ROU previ	ITINE USES	JRPOSE(S) S: Your ho gements.): You ome ph	ur home phone number hone number will be us : The requirement for :	ed to obtain i	information	regarding	the m	ission oi	• to advise y	ou of unexpe	_			
	d be delayed ALL SECUF			cost incurred.	DATE (Y)	NA	NAME OF VALIDATOR (Last, First, M.I.)					OFFICE SYMBOL			
SAAM NUMBER PRIORITY					UNIT PROJECT NAME OR NICKNAME				1E						
EXERCISE NAME					PRIORITY	UN	UNIT								
					ONLOAD TO OFFLOAD										
R	LINE	NUMB	ER	POE			POD			PAX	BAG	CGO-ST	CUBE		
TIMING													1		
R			ER	AVAILABILITY	PICKUP		EAD			LAD					
R	LINE	NUMB	ER	NO. TYPE ACFT	AIRCRAFT MISSION REQUIR			MISSION SUPPORT REQUIREMENTS							
					СОММО	DITY DESCI	RIPTION -	ONF							
R	LINE	NUMB	ER	DESCRIPT		QTY	WEIGHT			DIMENSIONS NEW			RS		
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					Соммо		RDOUS - 1	гwо							
R	LINE	NUMB	ER	HAZARDOUS	S PARA		HAZARDOUS SHIPPING NAME								
						CONTAC	стя								
R	TYPE		LOCATION		NAME		D		DU	TY PHONE		HOME PHON	NE		
BILLIN	IG INSTRU	CTIONS			<u> </u>										
REMA	RKS														