

AGENCY	ST	KIND	TYPE	I.D. NO.
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	ORDER/REQUEST NO.	DATE/TIME CHECK IN		
	HOME BASE			
	DEPARTURE POINT			
	LEADER NAME			
	ID NO./NAME			
	NO. PERSONNEL	MANIFEST <input type="checkbox"/> YES <input type="checkbox"/> NO	WEIGHT	
	METHOD OF TRAVEL <input type="checkbox"/> OWN <input type="checkbox"/> BUS <input type="checkbox"/> AIR			
	OTHER			
	DESTINATION POINT		ETA	
	TRANSPORTATION NEEDS <input type="checkbox"/> OWN <input type="checkbox"/> BUS <input type="checkbox"/> AIR			
	OTHER			
	ORDERED DATE/TIME	CONFIRMED DATE/TIME		
	REMARKS			