



When blank, this form is classed as **OFFICIAL**, when filled out, this form is classed as **OFFICIAL-SENSITIVE**.

Resource Requisition/Allocation Request

**** Completed form to be sent to MEER.Logistics@transport.wa.gov.au Incomplete forms will not be accepted****

Instructions for Completing Form

Date/Time = Local time – 24 hour clock.

Period Required = Total time required.

Approved by = Authorised person.

Requisitioned by = Person raising requisition.

Receipt Confirmed = Confirmed after equipment/personnel has been received, and by whom.

Incident					
Date			Time (24 hr)		
REQUESTION					
Task <i>(Specify purpose for requisition/allocation.)</i>					
Equipment/ Personnel Required <i>(Detailed description of available personnel and equipment.)</i>					
Qualifications <i>(Special qualifications required, eg Marine/Aviation certificates.)</i>					
Location Required <i>(Specify detailed location.)</i>					
On (Date)			At (Time) (24 hr)		
Period Required	Days:		From:		To:
Deliver/Report To <i>(Name & Contact Number)</i>					
At <i>(Delivery Address)</i>					
Requisitioned By			Position		
Authorised <i>(Signature)</i>			Date/Time		

ALLOCATION			
Equipment/Personnel Allocated			
Qualifications <i>(If different from original request)</i>			
Estimated Costs <i>(If readily available)</i>			
Approved By		Position	
Authorised <i>(Signature)</i>		Date/Time	
CONFIRMATION			
Receipt Confirmed		Position	
Signature		Date/Time	