

DATE:

MOTOR EQUIPMENT DISPATCH

DA FORM 5987-E

UIC:

DATE DISPATCHED:

TIME DISPATCHED:

EQUIPMENT DATA

ADMIN:
EQUIP MODEL:
EQUIP NOUN:
EQUIP NSN:

EQUIP SERIAL NUM:
REGISTRATION NUM:
EQUIPMENT LICENCE NUM:
KEY NUM:

SERVICE DUE DATA

	TYPE	DATE	MI/KM/HR
TYPE PMCS DUE:			
NEXT OIL ANALYSIS DUE:			
NEXT LUBRICATION DUE:			
NEXT SPECIAL SERVICE DUE:			

DISPATCH INFORMATION

OFFICIAL USER NAME/PHONE NUM:

DESTINATION:
EXPECTED DATE/TIME OF RETURN:

EQUIP DISPATCHER'S SIGNATURE: _____

1ST OPERATOR'S SIGNATURE: _____

2ND OPERATOR'S SIGNATURE: _____

OFF POST AUTHORIZATION: _____

DISPATCH OUT REMARKS:

END ITEM USAGE DATA

EQUIPMENT NOUN	M/H/K	CURRENT READING	READING AT RETURN	FUEL USAGE (IN GALLONS)
			_____	_____

COMPONENT (S) USAGE DATA

SERIAL NUMBER	COMPONENT NOUN	M/H/K	CURRENT READING	READING AT RETURN	FUEL USAGE (IN GALLONS)