



## Service Request SAF MTCE International

### DATE OF REQUEST

<b>NATIONALITY</b>			
<b>ORGANISATION (ARMY)</b>			
<b>OFFICE / DEPARTEMENT</b>			
<b>POINT OF CONTACT</b>	Rank / Function	_____	
	Name	_____	
	First name	_____	
	Address/zip code	_____	
	Mobile	_____	
	E-Mail	_____	
<b>Short description of the service request</b>	<input type="checkbox"/> Training/Educational Support		
	<input type="checkbox"/> Course Request		
	<input type="checkbox"/> Consulting		
	<input type="checkbox"/> Logistic support		
	<input type="checkbox"/> Infrastructure usage		
<input type="checkbox"/> Others:.....			
<b>SHORT DESCRIPRION OF REQUIRED SERVICES</b>			
<b>TOTAL NUMBER OF PERSON</b>			
<b>OCCUPANCY DURATION</b>	Arrival		Departure
	Date:		Date:
	Time:		Time:
<b>Accommodation Requirement</b> The dates and times of the accommodation and all other premises must include the start and end of the complete event (including times for taking over the infrastructure, set-up, dismantling, final cleaning, handing over the infrastructure, etc.).	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Total number of persons: _____		
	Number of females: _____		
	Number of Civilians: _____ Number Of/HNCO: _____		
	Number of NCO's: _____		
	Number of Servicemen/women: _____		
<b>DEMAND OF PREMISES</b>	<input type="checkbox"/> Storage location		<input type="checkbox"/> Drying room
	<input type="checkbox"/> Office		<input type="checkbox"/> Ski and waxing room
	<input type="checkbox"/> Safety room		<input type="checkbox"/> Kitchen
	<b>Others:</b>		
<b>DEMAND OF CLASSROOM</b>	Date	Time (from / to)	Total number of persons

<ul style="list-style-type: none"> <li>GOALS AND PURPOSE OF YOUR TRAINING REQUEST</li> </ul>	
<ul style="list-style-type: none"> <li>NEED</li> <li>ADDED VALUE FOR UNIT / INSITUION</li> </ul>	
CONSEQUENCES OF <b>NON APPROVAL</b>	
ADDITIONAL INFORMATION	
REQUEST FOR PARKING SPACE	<input type="checkbox"/> Yes <input type="checkbox"/> No <hr/> Number of vehicles: _____
FOOD SERVICE (SAF MTCE catering facility)	<input type="checkbox"/> Yes <input type="checkbox"/> No <hr/> Total number of persons: _____ Number Vegetarian: _____  <b>Others:</b>

**Special remarks**

**Attachments**

- Exercise concept
- Program
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- 



Feasibility at SAF MTCE									
SC	Ausb Pers	Ukft	Infra	Fz	Mat	Mun	Wpl Kü	Kosten	Leistungsnummer
Open IBV									
Referenznummer									
ZAP-Nummer									