Fort Knox External Unit Support Request

EU CONTROL NUMBER:			DATE RECI	VED:			Fo	r use o	f this form, see F	ort Knox		
				MACOM	STAT		Reg 350-1		1110			
TO:	UNIT				IVIACOIVI	SIAI	<u> </u>	City		UIC		
FORT KNOX RESOURCE SCHEDULING BLDG NO 9308												
4638 WILSON RD		Address		AR	RIVAL DATE:	DEPARTUR	E DATE:	TOTAL PERSONNEL:		М	F	
FORT KNOX KY 40121-5720												
Unit POC:	Uni	oer:		UNIT	POC EMAIL:		Component		AT	IDT		
S.I 1 GG.	U 1		7011		<u> </u>	1 00 2111, 112.						
									USAR			
Budget POC	Bud	get POC Nui	nber		BUDGE	T POC EMAIL:			ARNG			
							Active		Active			
Unit Commander	Com	manders Nu	mber		Comm	anders EMAIL			Other DOD			
									Non-DOD			
									NOII-DOD			
TRAINING REQUIREMENTS:												
LIVE FIRE TRAINING (CONOPS ARE REQUIRED 60 DAYS PRIOR TO THE START OF TRAINING)												
CONOPS DUE												
TYPE OF TRAINING	TYPE OF TRAINING AMMO/PYRO		START DA	TE	START TIME	END DATE	END	TIME	Training Fac	lity (If Kno	wn)	
Remarks:				I.		I			I			
UAS/UAV Operations?	Yes	No		Tv	pe of Aircraft							
					ST Support							
TYPE OF TRAIN	ING		START DA		START TIME	END DATE	END	TIME	Numbe	r of PAX		
	-			•								
Remarks:			<u> </u>			<u>I</u>			<u>I</u>		-	

Fort Knox External Unit Support Request

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CONTROL#			Unit		=D			UIC		=AG3	Arriva	al Date	0		
LOGISTICAL REQUIREMENTS:															
BARRACKS REQUIREMENTS:															
Start Date	End Da	PAX			REMARKS										
Approved cleaning contract must be submitted to External Unit Support(EUSS) no less than 15 days prior to facilities being issued															
BILLITING MUST BE SIGNED FOR BEFORE 1500 ON FRIDAY AND CANNOT BE CLEARED TILL AFTER 0800 ON MONDAY															
NO WEEKEND OR HOLIDAY SIGN IN OR CLEARING															
Dining Facility Support Requested YES: NO: Unit Operated DFAC Requested?															
Total number of meals requiring DFAC support (In- house/ Mermits, Bag/Box meals)															
TOTAL (PAX * DAYS) DFAC/MERMITE/BOX PICKUP TIME REMARKS															
BREAKFAST															
LUNCH															
DINNER									\neg						
TOTAL MEALS		0													
DFAC MEMO, DA5913 MUST BE SIGNED BY THE COMMANDER															
Pick-up times outside of normal hours will incur overtime charges															
DFAC DOCUMENTS MUST BE COMPLETE 45 DAYS PRIOR TO THE START OF TRAINING															
Units drawing ration	s and Ice fro												re card assum	ntion of command	
Janes drawing ration	- u.iu ioe ii	i Oil								rior to your train		.	ou. u, ussulli	po or oominand	
ICE:	Cube	s(numl	per of 22 lb.			- , -			• •	ock (number of		s)			
1021		,			FASED	NONTA	CTICAL	VEHIC		SUPPORT:		-,			
TYPE VEHICLE	REQUIRED		Number Re							M DATE	TO DATE		Remarks		
Bus							ivers requested if re				+ IO DATE				
Unit must complete an	d submit EK	Form 1	54 E and T	ranene	rtation	Coordin	ator Mo	mo 45	dave	prior to the star	t of training				
Ont must complete and	u subiliit i N	. 1 01111 1	J-L and 1	тапэрс			ACK RE				t or training				
DATE	1 0	TART T	ME	EN	D TIME	VASITIK	ACK KL			LED VEHICLES		l	# OF TRACKE	D VEHICI ES	
DATE		IAKII	IVIC	EIN	DIIIVIE	-		# OF W	/ncc	LED VEHICLES			# OF TRACKE	D VEHICLES	
						+									
Equipment Line Ha	ul Datas	In	Ţ		Out	+			\neg	Number of	Diococ				
Line Haul Rema					Out					Number of	rieces				
NETWORK CONNECT		IDED:			VEC	1	NO:				Comple	+o \/I A	N Poquest		
		IKED.	NO.		YES: NO: JAA					MoGas	I		LAN Request Diesel		
VIL Key Required Yes: NO: FUEL: (Estimate number of gallons):						JAA				WOGas		ט	iesei		
PORTABLE LATRINES				! 4		4 00	0 507 7	250							
	: Units must	coordii	iate directly	y with c	contract	or, 1-800	0-537-7	559.							
Remarks:															
Return the Completed FK Form 3663 to usarmy.knox.imcom.mbx.resource-scheduling@mail.mil															
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