Clear

DISPATCHER'S LOG

ACTIVITY	DISPATCHER(S)	DATE	PAGE _____ OF _____ PAGES

1. DLA NUMBER	2. EQUIP CODE	3. VEHICLE TYPE	4. OPERATORS *(Name/Office Symbol)*	5. REQUESTING OFFICE TIME	6. TIME WHEN REQUIRED	7. ACTIVITY/DESTINATION	8. EXPECTED RETURN TIME	9. CUSTODY/ACTUAL TIME			10. METER READING *(Miles/Hours)*		
								OUT	IN	TOTAL HOURS	TRIP BEGINNING	TRIP ENDING	TRIP TOTAL MILES/ HOURS

DLA FORM 1720, JAN 83 (EG)

PDF (DLA)