

LOGISTICS OVERVIEW

SCOPE								
INCIDENT NAME OR NUMBER		OPERATIONAL	Date From:		D	ate To:		
		PERIOD Time From:			Ti	ime To:		
ACCOMODATION PREFERENCE								
Not Incident Camp		lale-Only	Female-Only		Not Gender-Restricted			icted
		MEA						
	Breakfast		Lunch		Dinner			
Unrestricted								
Dietary Restrictions		7/51116	N. F.C					
Agoney Owned	VEHIC	Contractor			Private			
Agency-Owned	Rental		Contractor		Private			
		RESOU	DCEC					
Kind		Туре	Total this Op Perio	d De	narti	ng Fnd	of On I	Period
Killa	1,740		rotar tino op i ciroa		Departing End of Op Period			
<u>-</u>		<u>L</u>		PA	AGE		OF	