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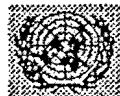
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UNAMIR - MINUAR


7 February 1995

LOGISTICS DIRECTIVE NO: 01/95

TO: SEE DISTRIBUTION LIST

FROM:


K. HORNSBY
CISS


COL. K. M. TUTT
DCOS (Sp)

SUBJECT: SUPPLY PROCEDURES

1. Introduction

1.1 The aim of this Logistics Directive is to advise all UNAMIR military and civilian staff of new procedures to follow concerning the request and issue of UNAMIR supplies. The new procedures have been developed in view of the newly established Logistics Support Group (LSG) and the move of the UNAMIR Warehouse from the airport to Trafipro.

1.2 The new procedures, as outlined below, come into effect Wednesday, 08 February 1995.

2. Supply Request Control

2.1 Only a limited number of designated personnel from each military and civilian unit/section will herewith be authorized to raise requests for supplies. For the military: each battalion may designate up to six (06) personnel, each independent company three (03) personnel and military HQ units two (02) personnel. For civilian sections three (03) personnel may be designated, being the Chief of Section plus two additional personnel from the section.

2.2 The personnel authorized to raise supply requests will become the Unit Supply Officers in respect to their unit/section. Each unit/section is requested to complete the attached **Signature Card form - ANNEX A** - providing sample signatures of the designated Unit Supply Officers. The completed form should be sent to the **Supply and Materials Management Section (SUMMS)**, LSG, Trafipro, by 08 February 1995.

1.../2

3. Supply Request Procedure

3.1 All supply requests are to be directed to the **Customer Services** section of the LSG at Trafipro. All requests must be raised on the new **Supply Request Form - ANNEX B**. The Supply Request Form should be signed by the Unit Supply Officer and then forwarded by fax or mail to the Customer Services section at least **24 hours** prior to the expected delivery or collection of the supplies. In completing the Request Form, the Unit Supply Officers should ensure that the Item Description, Stock Number, Unit of Issue, and Quantity Required columns are completed correctly. The Unit Supply Officer must also ensure that the name and ID number of the Unit Officer chosen to collect / receive the supplies has been reflected on the form.

3.2 On receipt of the Supply Request Form, the Customer Services section will process the request and advise the Unit Officer as to when the supplies will be delivered and/or ready for collection.

3.3 Monthly resupply requirements of consumable goods, particularly to contingents, should be raised by the Unit Supply Officer using the attached **Monthly Consumable Request Form - ANNEX C**. This Form should be completed and returned to the Customer Services by **08 February 1995** which section will arrange for routine resupply deliveries of these items each month.

3.4 For emergency supply requests, the Customer Services section should be contacted directly by voice or fax at the following Imarsat Nos: Tel: 871-156-0722 or Fax: 871-156-07-34.

4. **Accountability of Supplies:** All non-expendable and/or attractive supply items (eg: cameras, EDP equipment, tools, etc.) are issued on an accountable basis whereby the Unit Officer to whom the items are issued will be held responsible for the safe-keeping and return of the items.

5. **Concluding Remark:** Any questions concerning the new supply procedures should be directed to the Customer Services section, LSG Trafipro.

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| CILM ✓ | BRSC Warehouse Supervisor | | | |

(NOTE: Kindly distribute copies to all staff within your units/sections)

SIGNATURE CARD

UNIT/SECTION:.....

LOCATION:.....

OIC UNIT/SECTION:..... (NAME PRINT)

I THE UNDERSIGNED HEREBY GIVE AUTHORITY FOR THE FOLLOWING PERSONNEL FROM MY UNIT/SECTION TO RAISE REQUESTS FOR SUPPLIES. THE NUMBER OF PEOPLE AUTHORISED TO RAISE REQUESTS IS SIX/THREE*. I UNDERSTAND THAT SHOULD A REQUEST FOR SUPPLIES NOT CARRY ONE OF THESE SIGNATURES THE REQUEST FOR SUPPLIES MAY NOT BE FULFILLED.

| ID CARD # | NAME | SIGNATURE | RANK/APPT |
|-----------|-------|-----------|------------------|
| | | | OIC UNIT/SECTION |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

* DELETE AS APPLICABLE

SIGNATURE:.....

OICUNIT/SECTION



BRSC / CHCO USE ONLY

[illegible]

* If the signature block is not correctly completed the items will not be issued.

MONTHLY CONSUMMABLES REQUIRED

UNIT/SECTION:.....

LOCATION:

[illegible]

I CONFIRM THAT THIS AMOUNT IS REQUIRED BY MY UNIT/SECTION ON A MONTHLY BASIS.

SIGNATURE:.....

OICUNIT/SECT1

DATE:

TO BE CONTINUED ON ANOTHER SHEET IF INSUFFICIENT SPACE ON ONE SHEET.