VEHICLE REQUISITION SLIP

Name: _______________________________ Designation: _______________________________

Department: _________________________ Contact No: ________________________________

Requirement Date: ____________________ Time: ________________________________

Expected Return Date: ____________________ Time: ________________________________

Purpose: _______________________________________________________________________

Place of Visit: __________________________________________________________________

Local Duty/Out Station Duty __________________ Route ________________________

Official Duty: _________________________ Private Duty: ______________________

Vehicle required: ________________________ No. of Person: ______________________

SIGNATURE
(USER)

SIGNATURE
(DEAN)

NAME & SIGNATURE
(HEAD OF DEPARTMENT)

Vice-Chancellor

PRINCIPAL OFFICER
(TRANSPORT)

FOR USE OF MOITOR POOL/TRANSPORT SECTION ONLY

Issued Vehicle No. _________________ Dated. _________________ Time. _________________

Name. ____________________________ Departure Meter. ________________________________

Arrival Meter. ______________________ Mileage Covered. ________________________________

Remarks. _______________________________________________________________________

SIGNATURE
(TRANSPORT OFFICER)