

UNIVERSITY OF CHAKWAL
Transport Office

VEHICLE REQUISITION FORM

Name: _____ Designation: _____ Department / Office: _____

Purpose of journey: _____

Date on which vehicle required: _____

Time		Route Details		Approximate Distance	Detail of Staff/ Students/Items
From	To	From (Place)	To (Place)	km	

Type of Vehicle Required: _____

Duty: Local / Out Station

Requisitioning Officer Signature:

Date: _____ Signature: _____ Stamp: _____

APPROVAL

Allowed: _____ **Not Allowed:** _____ **Treasurer:** _____

(If required)

Allowed: _____ **Not Allowed:** _____ **Vice Chancellor:** _____

FOR TRANSPORT OFFICE USE ONLY

Detail of vehicle: _____

Name and Contact No. of Driver: _____

Transport Officer: _____

Detail about the journey

Departure Time	Return Time	Meter Reading before trip	Meter Reading after trip	Total no. of kilometer travelled

Requisitioning Officer: _____

Note: Requisition should be submitted to Transport Office after the approval, one day advance for outstation duty.