TRANSPORT REQUISITION FORM

**TYPE OF REQUISITION:**

**OFFICIAL PRIVATE**

**TYPE OF VEHICLE REQUIRED:** AMBULANCE/ CAR/ TRACTOR/BUS/TRUCK

**/**

**NAME OF INTENDER: Prof./ Dr./ Mr./ Ms./**

**DEPARTMENT:**

**EMPLOYEE CODE:**

**INTERCOM NUMBER/ MOBILE NUMBER:**

**TRANSPORT REQUIRED ON DATE:**

**TIME: FROM:**

**TO:**

**ADDRESS WHERE VEHICLE REQUIRED:**

**PURPOSE AND PLACE(S) OF VISIT & DURATION OF STAY AT EACH PLACE IF ANY:**

**IN CASE OF JOURNEY BY AIR/TRAIN**

**GIVE FLIGHT/TRAIN NO.:**

**SCHEDULED TIME OF DEPARTURE/ARRIVAL:**

**ACCOUNT TO WHICH COST TO BE DEBITED:**

**PERSONAL/ PDS/ DEPARTMENTAL/ OTHER IF ANY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FOR OFFICIAL PURPOSE**

**FOR MEDICAL PURPOSE**

**SIGNATURE OF INTENDER**

**SIGNATURE OF HEAD/ IN CHARGE**

**SIGNATURE OF MEDICAL OFFICER**

**FOR USE BY THE TRANSPORT DEPARTMENT**

**APPROVED**

**/**

**NOT APPROVED**

**SIGNATURE OF PROFESSOR IN CHARGE**

**RECORDED IN LOG BOOK PAGE NO:**

**REQUISITION NUMBER AND DATE:**

**IF SHARING THEN DETAIL**

**DRIVER NAME**

**VEHICLE NO.:**

**KM OUT :**

**KM IN:**

**TOTAL KM:**

**ACCOUNT TO WHICH DEBITED:**

**TOTAL COST:**

**NOTE: ALLOTMENT OF VEHICLE WILL BE MADE STRICTLY BASED ON AVAILABILITY OF THE VEHICLE**

