

KABARNET UNIVERSITY COLLEGE

DOC. NO. KUC/ADM/TRA/OP/001

TO BE FILLED IN TRIPLICATE 14 DAYS IN ADVANCE

FROM: SCHOOL/DEPARTMENT:

TO: TRANSPORT & GARAGE MANAGER.

A) USER REQUISITION DETAILS

Please facilitate the following transport requirement

Date of travel (DOT) Time of Departure (TOD).....

Date of Return (DOR) Time of return (TOR)

Destination 1.....2.....3.....4.....

Estimate Distance 12.....3.....4.....

Total number of kilometers (return).....

Nature & purpose of journey
.....
.....

Type of vehicle requested:..... No. of Passenger on Trip

(i) Bus ☐ (ii) Mini bus ☐ (iii) Van ☐ (iv) Others ☐

Requisition Officerdesignation.....Date.....

TELEPHONE NO:

Head of Department Sign & Stamp.....

Terms of payment; Cash ☐ Cheque ☐ Amount Budgeted

Amount Approved/Paid..... Vote charged

B) TRANSPORT OFFICE (official use only)Vehicle Available ☐ es ☐ No Sign Date.....

TRANSPORT OFFICE - ATO, TS

Registration No.....Driver(s) Name(s).....

Assigned By.....Sign.....Date.....

TRANSPORT OFFICER

C) APPROVAL

Approved/Not Approved.....Date.....

If not approved give reasons:

TRANSPORT & GARAGE MANAGER

Note: For long distances trips, a Mechanic shall accompany the vehicles in the convoy.