**UNIVERSITY WORKSHOP**

**B.A.U., SABOUR, BHAGALPUR**

**VEHICLE REQUISITION FORM**

Name of Requisitioner : Phone No.:

Designation :

Department/Scheme :

Nature of requisition (tick) : Official/ Private

Names of accompanied persons Designation Signature

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place to be visited :

Expected distance to be covered :

Date of Journey : Time of Departure

Date of Return Journey : Time of arrival

Type of vehicle requested :

Fuel cost to be met from which head/scheme:

Purpose of requisition/allotment : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Requisitioner Signature & Stamp of Recommending Authority

**FOR OFFICE USE ONLY**

No. & Date of requisition: Date of allotment: Vehicle No.:

Vehicle Type: Driver’s Name:

Workshop Superintendent/Officer Incharge Controlling Officer