



UNIVERSITY OF TECHNOLOGY, NOWSHERA
TRANSPORT REQUEST FORM
FOR OFFICIAL USE

S.NO _____

DATE _____

NAME OF THE OFFICIAL/OFFICER _____

DESIGNATION _____ DEPARTMENT/SECTION _____

PURPOSE & PLACE OF VISIT _____

TYPE OF VEHICLE REQUIRED _____ NATURE OF VISIT: (OFFICIAL) / (PRIVATE)

DURATION FROM (_____) (_____) TO (_____) (_____)
DATE TIME DATE TIME

Signature of Requisitioner

Remarks by Head of Department/ Section (IF ANY) _____

Required vehicle Available/ Not Available
TRANSPORT INCHARGE

APPROVED/ NOT APPROVED

VEHICLE NO. _____

DRIVER NAME. _____

FOR OFFICE USE ONLY

Vehicle Meter Reading before Use _____ Meter Reading after Use _____

Total Kilometers Covered _____

TRANSPORT INCHARGE _____