

MOI UNIVERSITY

TR NO. 00000

DOC. NO. MU/ADM/TRA/OP/003: INTER DEPARTMENT/SCHOOL TRANSPORT

TO BE FILLED IN TRIPLICATE 4 DAYS IN ADVANCE

FROM: SCHOOL/DEPARTMENT: (Requesting Vehicle)DATE.....

TO: DEAN/HOD:

A) USER REQUISITION DETAILS

REQUEST FOR USE OF THE SCHOOL/DEPARTMENTAL TRANSPORT							
Date of Travel (DOT)	Date of Return (DOF)	Time of Travel (TOT)	Type of Vehicle	No. of Pass.	Vote Charged	Requisitioning Officer	Telephone No.

Requisition officer.....Designation.....

Nature and purpose of journey (attaché approval or memo if applicable)

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B) TGM: Other vehicle availability

C) Approved/Not Approved.....Date.....

If not approved give reasons:

DEAN/HoD

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