## VEHICLE REQUISITION FORM

1. **Name & Designation of Indenter**: 
   
2. **Date on which vehicle is required**: 
   
3. **Time on which vehicle is required**: From.............To.............
   
4. **Place of visit**: 
   
5. **Expected Distance from the Campus**: 
   
6. **Purpose of visit**: 
   
7. **Persons using vehicle:**
   1. 
   2. 
   3. 
   4. 
   5. 
   6. 
   7. 

**Indented by:**

**Signature with date:**

**Recommended by HOD/ In-Charge:**

**Approved by:**

**Vehicle No:**

**Name of Driver:**