



M.A.J.U.

Mohammad Ali Jinnah University
Islamabad Campus

Vehicle Requisition Form
(Normally to be sent 48 hours in advance)

Name & Designation: _____	Faculty /Dept: _____
Nature of Use: (Please tick the relevant): * Official duty <input type="checkbox"/> Private use <input type="checkbox"/>	
* (If official visit prior approval of the Dean must be attached)	
Type of vehicle required: _____	
From: Date _____ Time _____	To: Date _____ Time _____
Vehicle to report at _____	
Purpose and places to be visited _____	

	(Signature of Applicant)

Recommended / Not Recommended	
	Signature: Dean / Head of Department
Supervisor Transport Section	
	Convener, Transport Management Committee

To be Filled in by the Transport Section	
Driver's Name _____	Vehicle No. _____
Meter Reading (out) _____ (In) _____	Mileage covered _____
Remarks (if any) _____	
Signature of the Driver _____	Signature of the User _____