



MINISTRY OF HEALTH

Vehicle Requisition Form

Requisition No.:

Name of the Office/Dept:			
Vehicle Type:			
Time & Date:	Place of Visit	Purpose	
Time:			
Start Date:			
Return Date:			
Duty for (Name of the Official):			
1.	2.		
3.	4.		
Recommended by Head of the Division/Dept:			
Signature:			
Name:			
Designation:			
..... ADMINISTRATIVE USE ONLY			
Recommended from the Administration:			
Vehicle No.:		KM Reading at Departure:	
Driver's Name:		KM Reading on Return:	
Date of form receipt:			
Approved by:		Seal & Signature	
Note:			
❖ All the requisition form should be recommended and signed by the Head of the Division & above.			
❖ For long tour, the requisition along with approved documents should be submitted one week in advance.			
❖ For Local Duty, the requisition should be submitted one day in advance with precise timing.			