|  |
| --- |
| Name of Division/Section: |
| **Requisition Details:** |
| Type of Vehicle: | No. of Vehicle(s): |
| Date | Place  | Name of the Official (s) | Purpose |
| From | To |
|  |  |  |  |  |
| Requisition submitted by ( Head of Division/ Section) | Signature :……………………………………Name :……………………………………Designation:………………….....Date:…………  |
| Vehicle condition:…………….........................………………………………………………….Vehicle No:……………………………………..Name of Driver:………………………………... | Signature of MTO |
| Recommended by General Manager, AFD & Marketing | Signature:……………………………………Date:………………………………………… |
| Approved by Chief Executive officer | Signature:…………………………………….Date:…………………………………………. |

**POOL VEHICLE REQUISITION FORM**