



TRANSPORT Section

WOMEN UNIVERSITY SWABI,

Phone No: +92-938-281890, +92-938-281891

Email: @wus.edu.pk URL: www.wus.edu.pk

Vehicle Requisition Form

Name & Designation _____ Department/Section _____

Name of User (Please tick the relevant) official Duty ☐ Private Use ☐

(If official visit prior approval of the competent authority must be attached)

Type of vehicle required _____

From: Date _____ Time _____ To: Date _____ Time _____

Vehicle to report _____

Purpose of Visit _____

Place of Visited _____

Signature of applicant

Transport Officer

Signature of HOD/HOS

(For Out District)
Competent Authority

Driver's Name _____ Vehicle No. _____

Meter Reading(out) _____ in _____ Mileage Covered _____

Remarks (if any) _____

Signature of Driver _____ Signature of the user _____

For Main Gate

Vehicle No _____ Driver's Name _____ Date _____

Duration (From) _____ To _____

Meter Reading (out) _____ Meter Reading (In) _____

Place to be Visited _____ Approximate Duration _____

Security Supervisor _____