

**VEHICLE SERVICE REQUISITION FORM**

**TYPE OF VEHICLE (Please tick [ / ] the appropriate box):**

Bus (25 / 30 / 40 seaters)
  Lorry
  Van
  Car

*Note: Requests should be made 3 days before the date of use*

<b>Name of Applicant:</b>	
<b>Department/ Section:</b>	<b>Tel No.:</b>
<b>Destination:</b>	
<b>Purpose:</b>	
<b>No of Passengers:</b>	

Date	Time	Pick-up location	Drop-off location

*(Please attach additional information e.g. approval of official trip, program itinerary etc. if applicable)*

..... Applicant's Signature	..... HOD/ HOS Signature & Stamp
Name: Designation: Date:	

**APPROVAL**

*(For Asset & Facilities Management's Use)*

<input type="checkbox"/> Approved	<b>Remarks:</b>
<input type="checkbox"/> Not Approved	_____
	_____
	_____
..... Signature of A&F Authorized Personnel Designation: Date:	
<b>Confirmation of service on vehicle usage:</b>	
	<b>Remarks:</b>
..... Applicant's Signature	_____
Name: Date:	_____