



South Eastern University of Sri Lanka

OS

VEHICLE REQUISITION FORM FOR OUT STATION TRIP

(To be submitted to the Transport Division **at least 03 working days** prior to departure date)

1. Service No. and name of the applicant:

2. Designation

3. Department

4. Contact No./s

5. Purpose of travelling

Supporting Document/s attached : Yes / No

6. Name/s of person/s travelling:

SN	Service No.	Name
i		
ii		
iii		
iv		
v		

7. Proposed Journey

From: To:

8. Date & Time of Departure:

Date: Time:

9. Date & Time of Return:
(From Outstation)

Date: Time:

10. Proposed route:

11. Name of the place to park vehicle

In Colombo, the vehicle should be parked at APC, Mt. Lavinia

12. Tentative Programme:

Day	Date	Place/s to be visited
01		
02		
03		
04		

I am aware of the general instructions on the usage of University vehicles and declare that I will take full care and responsibility of the vehicle during the period of the trip.

Recommended / Not Recommended

.....
Signature of the Applicant

Date:.....

.....
Head of the Department / Division

Date:

Recommendation of Deputy Registrar / General Administration	
Recommended / not recommended Deputy Registrar / General Administration Date:.....	Comments (if any)
Approval of the Vice Chancellor / Registrar	
Approved / Not approved Vice Chancellor / Registrar	Reservation of Vehicle and Driver Vehicle No.: Driver:

To be filled by the Driver								
1. Meter reading at the start of journey:		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	KM
	Date	Place visited	KM	Sign. (Officer)				
Day one.	.....	.....	.....	.....
Day two	.....	.....	.....	.....
Day three	.....	.....	.....	.....
Day four	.....	.....	.....	.....
Day five	.....	.....	.....	.....
2. Final meter reading (at SEUSL):		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	KM
3. Total mileage:		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	KM		
4. Reports, if any damages / defects.					.....		
.....							
Note:					01. To be returned by Driver to DR / General Administration after completion of the trip.			
					02. Travelling & Subsistence will be paid only after receipt of this form.			
Driver's Name:.....		Signature.....		Date:.....				
Certified Correct								
.....								
Subject Clerk					.....		
					Deputy Registrar / General Administration			