SOUTH EASTERN UNIVERSITY OF SRI LANKA

VEHICLE REQUISITION FORM FOR INTERNAL RUNNING

This form should be handed over to the General Administration Branch one day before the journey

01. Name: _____________________________________________________________ (Student Registration No)

02. Designation: __________________________ 03. Dept.: __________________________

04. Purpose of Traveling: ________________________________________________

05. Name/s of person/s traveling: __________________________________________

06. Proposed itinerary: from: __________________________ to: __________________________

07. Time of Departure: from: __________________________ expected time to return: __________

08. Date on which the reservation of vehicle required: __________________________

Date: __________________________  Signature of Applicant

Recommended / Not recommended

Head of the Dept./Division

(For transport Division Use)

Vehicle no: ______________  Driver Name: __________________________

Date : ______________  Approved/Not Approved

Senior Asst. Registrar/Administration

(for drivers Use)

01. Name: __________________________  Vehicle No: __________________________

02. Place Visited: __________________________  Final Mileage: __________________________

03. Report, If any damages / defects, __________________________

(To be returned by Driver to Senior Asst. Registrar / Admin. after completion)

Signature of Driver: __________________________  Certified by: __________________________

Date : ______________  Date : ______________