VEHICLE REQUISITION FORM FOR OUT STATION TRIP

this form should be handed over to the General Administration Branch five days before the journey

01. Name of the Applicant:  

02. Designation:  03. Dept.:  

04. Purpose of Traveling:  (Please annex the supporting documents)

05. Name/s of person/s traveling:  1.  

2.  

3.  

4.  

5.  

06. Proposed itinerary:  From:  To:  

07. Date & Time of Traveling:  Date:  Time:  

08. Date & Time of Return:  Date:  Time:  

09. Proposed route:  01. Kandy:  02. Batticaloa:  03. Ratnapura:  

10. Name of place Intended to park Vehicle:  (In Colombo – Vehicle should be parked at APC, Mount Lavinia)  

11. Tentative Program:  

<table>
<thead>
<tr>
<th>Date</th>
<th>Place visited</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Day One</td>
<td></td>
</tr>
</tbody>
</table>

| 2. Day Two |
| 3. Day Three |
| 4. Day Four |

Date:  

Signature of Applicant  

Recommended / Not recommended  

Date:  

Recommended / Not Recommended  

Date:  

Head of the Dept./Division  

(For the use of Administration Branch Use)  

Vice Chancellor / Registrar  

Reserved Vehicle No:  

Date:  

Recommended / Not Recommended  

Driver Name:  

Approved / Not Approved  

Senior Asst. Registrar/Administration  

Vice Chancellor / Registrar
01. Meter reading at the commencement of journey: ____________________________

02. Detail report:

<table>
<thead>
<tr>
<th>Date</th>
<th>Place Visited</th>
<th>KM</th>
<th>Sign. (Officer)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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</tbody>
</table>

1. Day One : ____________________________  ____________  ________________
2. Day Two : ____________________________  ____________  ________________
3. Day Three : __________________________  ____________  ________________
4. Day Four : ___________________________  ____________  ________________
5. Day Five : ___________________________  ____________  ________________
6. Day Six : _____________________________  ____________  ________________

03. Total mileage : ____________

04. Final meter reading: ____________________________

05. Report, if any damages / defects,

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Note: 01. To be returned by Driver to Senior Asst. Registrar / Admin after completion
       02. Traveling & subsistence will be paid only after receipt of this form

Driver Name : ____________________________
Driver's Signature : ____________________________
Date : ____________________________

Certified Correct

Date: ____________________________  Senior Asst. Registrar/Administration