

**KAUTILYA INSTITUTE OF TECHNOLOGY AND ENGINEERING
SCHOOL OF MANAGEMENT**

**Faculty/Staff
VEHICLE REQUEST FORM**

S.NO

Instructions:

- ✓ The Transportation Department requires this form to be received two (2) working days prior to pick-up for smooth conduction of vehicle management.
- ✓ Vehicles will only be issued with a completed Vehicle Request Form.
- ✓ Requirement Depends on availability of vehicles
- ✓ Please ensure that vehicle arrival time and total distance travel to be filled by the requester after reaching back to college.

Vehicle Request Date:.....Time:

Name of Requestor.....

Designation.....Deptt.....Mobile.....

Vehicle Type: Car/Bus

<i>Trip Information</i>		
Requirement Description :		
Vehicle Pick-Up: Date	Time	AM/PM
Tentative Return: Date	Time	AM/PM
Destination (Full address):		
Departure Time :	Arrival Time :	
Total Km:		
Stoppage between Final Destination:		
Please list the names of all passengers traveling in the vehicle. Passenger list must be completed before vehicle is released.		
Signature Of Requestor:	Signature Of HOD:	

(To be filled by the office only)

Comments from Transport Manager _____

Driver Name:

Car No:

Note: In absence of Principal, Registrar is empowered to take appropriate decisions.

**Manager Transport
(Navin H. Yadav-7727008718)**

Principal

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