

UNIVERSITY OF JAMMU
TRANSPORTATION REQUISITION FORM

1. Department/Section making the request.....
2. Name of the Official/Teacher making the request.....
3. No. of Vehicles required.....
4. Type of Vehicles required.....
5. Purpose:
 - a. Administrative (please specify the details).....
 - b. Educational (Visiting External Examiners etc.).....
 - c. Event Mgt. (Seminars/Workshops/Festivals etc.).....
 - d. Visiting Faculty/Official Guest attachment.....
6. Duration for which the vehicle is required (in hours/days).....

Signature of the official.....

Date:

Recommendation of the HOD/Officer of the dept.

Date:.....

(For office use only)

1. Estimated costs,.....
2. Office/Head to which expenditure debited.....

Vehicle sanctioned / not sanctioned

Convenor
Transport Management Cell