

KISII UNIVERSITY



TRANSPORT DEPARTMENT

**TRANSPORT REQUEST FORM
(To be Filled in Duplicate)**

Name of Requisition OfficerDesignation.....

Payroll No.....

Department/School.....

Purpose of Transport Request:

.....

No. Of Staff/Students

Departure Time/Date.....

Return Time/Date

Signature of The Applicant Date

HOD Recommendation

I recommend/not recommend transport request shown above for vehicle used.

Head of Department

Signature.....Date.....

ALLOCATION BY THE TRANSPORT MANAGER

Vehicle Registration No :Driver/Mechanic :.....

Signature.....Date.....

REASONS IF NOT ALLOCATED.....

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APPROVAL

Approval/Not approved Date

DEPUTY REGISTRAR CENTRAL SERVICES