

INSTITUTE OF BUSINESS ADMINISTRATION, KARACHI

TRANSPORT REQUISITION FORM

Department Requisition No. _____ Date: _____

Name: _____ Department: _____

Place of Visit: _____

Official/Private: _____ Work Assigned By: _____

Purpose of Visit: _____

Vehicle Required on: _____ Time: From _____ To: _____

Signature of Nominee: _____ Signature of Head of Deptt. _____

Requisition Received at _____ Incharge Transport _____

Sanctioned/Not Sanctioned

Administrative Officer / Director Administration

Requisition/Token No.: _____ Vehicle No. _____ Driver: _____

Meter Reading From: _____ to: _____ Total K.M.: _____

Note:

1. It is requested that the requisition form be submitted to the Incharge Transport latest by 10:00 a.m. one day in advance.
2. The requisition form should be signed by the Head of Department/Nominee.