



MASENO UNIVERSITY
TRANSPORT DEPARTMENT

MSU/TD/TRF/ S/ No. _____

TRANSPORT REQUISITION FORM

PART ONE: (APPLICANT)

Faculty/Department.....
Name of Requisitioner
Designationphone number.....
Purpose of the trip (Exact explanation of the nature of work)
.....
Date of travel Time out
Number of passengers..... Destination
Duration to be away
Type of vehicle/capacity.....
Signature Date

PART TWO: (HEAD OF DEPARTMENT/FACULTY/SECTION/UNIT)

I recommend/do not recommend this request. Reason
Name Signature

PART THREE: COSTING (TRANSPORT OPERATIONS OFFICER)

Mileage after trip Time in.....
Total mileage traveled cost per km
Total cost Date
Name Signature

PART FOUR: (TRANSPORT MANAGER)

Transport available/Not available Reg. No.
Driver Date
Mileage before trip Estimated: Cost
Name Signature..... Date

PART FIVE: (DVC AFD)

Approved/Not Approved
Name SignatureDate

NOTE: The Transport Requisition Form MUST be brought to the Transport Office two (2) days in advance for Vehicle reservation on local running and two weeks for students trips. No University vehicle will leave transport yard without transport requisition form.