

# United International University

## UIU VEHICLE REQUISITION FORM

Date:

(For official use only)

Name & Designation of the User	:	
Department/ Office	:	
Contact Number	:	
Date of Use	:	
Time of Use	:	From : To :
Destination	:	From : To :
Purpose of Use	:	
No(s). & Type(s) of Vehicles Required	:	

Name & Signature  
with Date

Recommended by  
(Authorized Person of the  
Dept.)

Recommendation of  
Joint Director(Operations)

Approved By  
(Registrar)

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