

**Fleet Request Details:**

Fleet Request No.: Date:

Name of the office: Ethiopian Electric Power

Name of Passenger:

Passenger ID	Passenger Name	Designation

Place to Go:

The Reason to Go:

Required Date for service:

From Date: Time: To Date: Time:

Fleet Administrator Name:

Signature:

Vehicle Assignment Detail (To be filled by Vehicle Administrator Office)

License Plate Number Vehicle Type Mileage

the Requestor's work unit the request number will be valid for Days.

The Vehicle has charged Liters of Fuel.

Driver's Name Identification Number Signature

Fleet Administration Officer Name Signature

I confirm with my Signature that I have received and executed the above-mentioned deployment Order

Seal

To be filled in the Requested Work Department:

The Vehicle arrived for work on day and time and the km reading number is
..... the vehicle has been filled with liters of extra Fuel and Kg of Engine oil.

Please let us know that the driver returned after finishing his work on day and
time.

Requester's feedback about the service.

Requester's Work Department Client Name Signature