

VEHICLE REQUISITION FORM



TO : ADMIN DEPT.

DATE

PARTICULAR	DETAILS
REQUESTED BY	
DESIGNATION	
DEPARTMENT	
DATE REQUIRED	TO : DAYS :
DESTINATION	
TYPE OF CAR (Model & Capacity) <small>(Applicable for rental vehicle only)</small>	
MILEAGE TAKEN :	MILEAGE RETURNED :
PURPOSE	

APPROVED BY: HEAD OF DEPT	VERIFY BY: ADMIN MGR / EXEC	APPROVED BY: DIRECTOR <small>(Applicable for rental vehicle only)</small>
SIGNED BY: NAME : DATE :	SIGNED BY: NAME : DATE :	SIGNED BY: NAME : DATE :

TAKEN BY	RETURNED BY	RETURNED REMARKS <small>Acknowledge receipt in good conditions</small>
SIGNED BY: NAME : DATE :	SIGNED BY: NAME : DATE :	SIGNED BY: NAME : DATE :

ADMIN USE ONLY
SOURCE / COMPANY :
REGISTRATION NO :
ROAD TAX EXPIRED :
RENTAL CHARGES :
OTHERS :

Important Note : Upon receiving the vehicle, you shall be responsible to control and administer the said vehicle until it is officially returned to IKSB.
 (For rental vehicle : Please acknowledge receipt of the vehicle with remark "IN GOOD CONDITION" on the duplicate of this copy.)

Admin D4