

UNIVERSITY OF DAR ES SALAAM - MAIN ADMINISTRATION

CENTRAL POOL TRANSPORT UNIT

VEHICLE REQUISITION FORM FOR TRAVEL WITHIN DAR ES SALAAM/KIBAHA

A. APPLICATION DETAILS

1. Name of User: _____ 2. Designation: _____
3. Faculty/Department/Unit _____ [Cost Centre No. _____]
4. Vehicle required: Date from _____ to _____ Time from: _____ to: _____
5. Estimate Overtime _____ hrs.
6. Destination (route): _____
7. Purpose/reason of the trip _____
8. Nature of the trip (please tick):
 Department/Unit Duty ☐ Private ☐ Emergency ☐
9. Estimated Distance in Kms: _____ and Estimated Cost in Tshs _____

B. AVAILABILITY OF FUNDS

1. I confirm that, Under Travel/Transport Activity Code No. _____ the funds available for further use is Tshs. _____ **This Balance** is Sufficient / Not sufficient for this application
2. Vote Holder (Trip Authorizing Officer) Title: _____
 I commit the fund to the tune of Tshs. _____ for this Application / Trip
 Name _____ Signature _____ Date _____

C. CONFIRMATION OF FUNDS FOR FUTURE PAYMENT

We confirm that the Cost Center No. _____ has a balance of Tshs. _____
 For transport code No. _____ This amount is Sufficient/Not Sufficient to meet the request as stated in **B** above
 This APPLICATION is therefore Accepted /Rejected
 Name _____ Signature _____ Date _____

D. HEAD OF CPTU: Approved/Not Approved - Vehicle Reg. No. _____

Name _____ Signature _____ Date _____

E. MILEAGE COVERAGE AFTER THE TRIP

1. Beginning speedometer reading _____ km; Time _____
2. Ending speedometer reading _____ km; Time _____
3. Overtime hours _____
4. Name of user _____ Signature _____ Date _____
Name of driver _____ Signature _____ Date _____

F. FOR OFFICIAL CPTU USE

1. Charge per mile/km _____ Mileage covered km _____ Mileages charges Tshs. _____
2. Penalty hours _____ Amount Tshs _____
3. Overtime charges Tshs _____ Total charges Tshs _____
4. Head of CPTU: Signature _____ Date _____
5. Vehicle Standing Charge: _____
6. **GRAND TOTAL:** _____