

VIGNAN'S GHATKESAR CAMPUS

VEHICLE REQUISITION

Date:...../...../..... Time...../.....

Staff	Name:	Designation:		
Vehicle Required	Date:	Time:		
Institution				
Purpose				
Places of Visit				
Times	Start/.....	Return to Campus/.....

Indetor's Signature

H. O. D./ Principal

Office Use

Allocation YES NO Time of Allocation/..... In-Charge

Actual Places of Visit:

Vehicle Actual Return Time:...../.....

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