



VEHICLE REQUISITION FORM

(To be submitted to the Registrar Office)

1. Requisitioner Details

- **Name:** _____
- **Designation:** _____
- **School/Department:** _____
- **Contact Number (Mobile):** _____

2. Purpose of Vehicle Requirement

3. (Travel Details)

S. No.	Date(s) / Day(s)	Reporting Place (From)	Destination (To)	Departure Time	Return Time	Approx. Distance (Km)
1						
2						

(Attach detailed schedule/program, if applicable)

4. Vehicle Requirement Details

- **Type of Vehicle Required:** Car Bus
- **Number of Persons Travelling:** _____

5. Submission Details

- **Date of Submission:** _____
- **Time:** _____

6. Recommendation

- **Recommended:** Yes No

Signature of HoI/Dean: _____

Name: _____

Date: _____



7. Transport Department Remarks

- **Vehicle Availability:** Available Not Available

If available:

- **Driver Name:** _____
- **Driver Contact No.:** _____
- **Vehicle No.:** _____

Signature (Transport Department): _____

8. Final Approval

- **Request Granted:** Yes No

Registrar
Sanskaram University

Guidelines for Vehicle Requisition

1. The requisition form must be submitted **3–4 days in advance** by authorized faculty/staff.
2. The requisitioner shall be responsible for **vehicle usage, safety, and payment settlement** within 2–3 days after completion of the trip.
3. In **emergency cases**, vehicles may be provided subject to availability.
4. For **bus requisition**, attach the list of passengers (students/staff) along with the program schedule.
5. The vehicle shall be used **strictly for the approved route and purpose only**.
6. In case of non-availability, **personal vehicles may be permitted** as per university norms with prior approval.
7. Proper compliance ensures **efficient and systematic vehicle management**.

Sd/-
Registrar
Sanskaram University