

TRANSPORT REQUISITION FORM

*This form shall only be filled when there is a sufficient fund in the departmental vote
Applicants shall fill the form 14 days before the date of travel
Please ensure that you sign the performance evaluation attached*

ART 1:

Name of requesting officer: _____ Designation: _____
Date and duration of travel: _____ Vote to be charged: _____
Purpose of trip: _____ No. of people _____
Route and destination: _____

Signature: _____ Date: _____

PART II: Recommendation by Head of Department
I recommend/do not recommend this request

Signature: _____ Date: _____ Official stamp: _____

PART III: Transport Office

Transport available/not available
Return distance to be travelled: _____
Estimated cost: _____
Vehicle Registration Number: _____

Signature: _____ Date: _____ Official stamp: _____

PART IV: Finance Department (Departmental Vote)

Funds available/not available

Signature: _____ Date: _____ Official stamp: _____

Part V: Registrar (Academic) Academic Trips: The trip is on scheduled/not on schedule
Recommended for Approval/Not Recommended.

Signature: _____ Date: _____ Official stamp: _____

Part VI: Registrar (Administration)/(DVC (Administration)/VC.
Approved/Not Approved.

Signature: _____ Date: _____ Official stamp: _____

TRANSPORT REQUISITION PROCESS PERFORMANCE EVALUATION

Action by	Activity	Received		Out		Standard Duration	Actual Duration	Variance	Signature
		Day	Time	Date	Time	A	B	C=(A-B)	
AIE Holder	Recommend /not recommend the request Request.					2 Hours			
Transport Manager	Avail transport and calculate the distance and the cost to be travelled					2 Hours			
Senior Accountant Budgetary	Voting					8 Hours			
Registrar (Academic)	Recommend/not Recommend Academic trips					4 Hours			
Reg. (Admin.) DVC (Admin.) VC	Approved/not approved the request					8 Hours			
Transport Manager to evaluate Overall Process Performance						24 Hours			
Marks on Variances									
<u>Remarks (If variance is -ve</u>									