

र्मयास्वायन्त्र्याम्बद्धाः



DZONGKHAG ADMINISTRATION Lhuentse

VEHICLE REQUISITION FORM Date: To be filled in by Officer /Staff using Pool Vehicle; **Requisition Details: Place** Name of Official(s) **Date Purpose** To **From** Name: Requisitioned by(Unit/Sector Head) Designation :..... Signature :..... To be filled in by Motor Transport Officer Vehicle Number : BG-..... Vehicle Type:..... Driver's Name:..... Signature..... Decision of the Approving Authority: Not Approved: State Reason **Approved**

Signature:.....

Approved/Not Approved by (AFD Head)