



INDIAN INSTITUTE OF MANAGEMENT RAIPUR

Vehicle Requisition Form

Booking Sl. No..... User Code No..... Head of A/c.
 (*For transport Office use)

Name of Indenter: Designation:

Date when required: Type of vehicle required:

Time: From: To:

Place: From To:

Name of persons accompanying indenter
 1.
 2.
 3.

Additional places, if any, to be visited: (Please provide details)

Purpose of Journey

Date:

.....
 Signature of the indenter

.....
 Recommended by: HoD / Dean (Academics)

Approved by:

Director

UTILISATION / ALLOTMENT STATUS OF EXISTING FLEET					FOR OFFICE USE ONLY
Sl. No.	Vehicle Type	Regn. No.	Details of Utilization / allotment		Vehicle available / Not available on
			From	To	
			Starting Kms.	End Kms.	Travel Desk
					CAO