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| **Uva Wellassa University** | | | | |
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|
| **Vehicle Request Form** | | | | |
| 1 | Name and Designaion of Applicant |  | | |
| 2 | Department / Division / Unit |  | | |
| 3 | Pickup Date |  | Time |  |
| Arrival Date |  | Time |  |
| 4 | Pickup Place |  | | |
|
| 5 | Purpose |  | | |
| 6 | Places expect to Visit / Place & Route |  | | |
| 7 | Transort of People | No's : | Goods/Materials : | |
|
| 8 | Names of the Passengers |  | | |
| 9 | Type of vehicle : Crew Cab, Van 8 Seater, Van 14 Seater, Three-wheeler, Car, Bus | | | |
| …………………………………………………….. | | …………………………………………………….. | | |
| Signature of Applicant | | Dean / Registrar / Bursar | | |
| …………………………………………………….. | | …………………………………………………….. | | |
| Head of the Department | | Vice Chancellor | | |