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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 |