

GREAT LAKES UNIVERSITY OF KISUMU

P.O. Box 2224, Kisumu, Tel: 254 – 57 – 2023972/2024871

FAX : 254-57-2024577

E-mail: adminkisumu@tichinafrica.org , tichinafrica@yahoo.com

TRANSPORT REQUISITION FORM

NAME: _____ DEPT: _____

DATE: _____ SIGN: _____

M/V Reg. No. : _____

REASON FOR TRIP: _____

_____ Budget line _____

DATE OF TRIP: _____ DEPART TIME: _____

ARRIVAL TIME: _____

APPROVAL(Dean/Director/HoD): _____

SIGN: _____ DATE: _____

AUTHORIZED (IDM HoD): _____

SIGN: _____ DATE: _____

FOR OFFICIAL USE

Mileage at Start: _____ Mileage on Return: _____

Signed by Gate Officer: _____

Sign: _____ Date _____

NB Duly completed form in duplicate (Original –Transport section;
Copy – Faculty/Inst/Dept)

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