



SOUTH EASTERN KENYA UNIVERSITY

P.O. BOX 170-90200,
KITUI, KENYA
Email: info@seku.ac.ke

TEL: 020-4213859 (KITUI)
020-2531395 (NAIROBI)
Email: ict@seku.ac.ke

TRANSPORT DEPARTMENT

REF:SEKU/AHRM/TSPT/TRF/31/001.VOL I

TRANSPORT REQUISITION FORM.

NAME OF THE APPLICANT.....

CONTACT OF THE APPLICANT..... TOTAL NUMBER OF PASSENGERS.....

SCHOOL/DEPARTMENT/SECTION.....

PURPOSE OF THE TRIP.....

POINT OF DEPARTURE.....**DESTINATION**.....

DATE OF DEPARTURE./TIME..... DATE OF RETURN/TIME.....

DEPARTMENT:

The Department supports/does not support this Request.

Head of Department.....NAME.....

OFFICE.....SIGNATURE.....DATES.....

TRANSPORT ALLOCATION

Motor vehicle Reg: No.....

Sign.....Date.....

NOTE –

- This transport requisition form **SHOULD** reach the transport department **SEVEN** days prior to date of departure for trips going outside **KITUI** County and **THREE** days for those within Kitui County
- Has been allocated for the above duty
- -Transport department expects you to take full care of the vehicle while under your custody and a full inspection will be conducted prior to hand over.

REGISTRAR/AHRM

This request is approved/not approved

Sign.....Date.....