



TARAYANA FOUNDATION  
 TARAYANA CENTRE  
 P.O.BOX 2003  
 CHUBACHU  
 THIMPHU, BHUTAN



**FUEL REQUISITION FORM**

Name of Division/ Section .....

Name of Driver.....

Type of Vehicle .....

Place of Visit.....

Purpose.....

.....  
 .....  
 .....  
 .....  
 .....

Fuel amount .....

**Signature of Requisitioner**

**Approving Authority**

Allotted Vehicle No: ..... Approx Duration: From .....to.....

*Signature of vehicle in-charge*

Dt: .....