



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



VEHICLE REQUISITION FORM

Name: Date:

Unit/Project:

Type of Vehicle Required: 4 Wheeler 2 Wheeler

Purpose:

.....

Place(s) of Visit: Date of Requirement:

Duration: From to

Signature of Requisitioner

Approving Authority

Allotted Vehicle No: Approx Duration: Fromto.....

Name of Driver:.....

Signature of vehicle in-charge

Dt: