



MACHAKOS UNIVERSITY

TRANSPORT APPLICATION FORM.

NB: APPLICATION TO BE DONE ATLEAST TWO WORKING DAYS BEFORE DATE OF TRAVEL:
FOR EMERGENCY PLEASE CALL BEFORE APPLYING.

1. APPLICATION DETAILS

Name of Applicant: _____ Designation: _____

Employee's PF/No: _____ Department: _____

I hereby request for (Type of vehicle): _____ of Capacity _____, for the purpose of _____

Date of trip: _____ Time of departure: _____

Date of return: _____ Time: _____

I confirm that the above information is correct.

Sign: _____ Date: _____

2. RECOMMEDATION BY APPLICANT'S SUPERVISOR

Remarks: _____

Name: _____ Designation: _____ Date: _____

3. APPROVED/ NOT APPROVED - Sign _____

REGISTRAR (AP) _____

4 CONFIRMATION BY TRANSPORT OFFICE

Registration No of Vehicle allocated: _____ Capacity: _____

Allocated Driver: _____ PF No. _____ Sign. _____

Comments by Transport Officer: _____

Sign: _____ Date: _____