



**MACHAKOS UNIVERSITY**  
**TRANSPORT APPLICATION FORM**

**1. DETAILS OF APPLICANT**

Name: \_\_\_\_\_ Designation: \_\_\_\_\_

Pf No.: \_\_\_\_\_ Department: \_\_\_\_\_ No. of Passengers: \_\_\_\_\_

Reason(S) For the Request: \_\_\_\_\_

Destination(Specify) County: \_\_\_\_\_ Town: \_\_\_\_\_

Date of Trip: \_\_\_\_\_ Time of Departure: \_\_\_\_\_

Date of Return: \_\_\_\_\_ Estimated Time of Arrival: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**2. RECOMMENDATION BY APPLICANT'S SUPERVISOR**

Name: \_\_\_\_\_ Designation: \_\_\_\_\_ Date: \_\_\_\_\_

Remarks: \_\_\_\_\_

Approved/Not Approved- Sign: \_\_\_\_\_

**3. APPROVAL BY REGISTRAR (AP)**

Approved/Not Approved by Registrar (AP) - Date: \_\_\_\_\_ Sign: \_\_\_\_\_

**4. CONFIRMATION BY TRANSPORT OFFICE**

Vehicle Allocated: \_\_\_\_\_ Capacity: \_\_\_\_\_

Driver: \_\_\_\_\_ Pf No.: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_

Comments by Transport Officer \_\_\_\_\_

Sign: \_\_\_\_\_ Date \_\_\_\_\_

- i. Requests (15km and below)-application to be made at least 2 hours prior to the trip.
- ii. Requests (above 15km up to 100km)-application to be made at least 2 days prior to the trip.
- iii. Requests (above 100km)-application to be made at least 4 days prior to the trip.
- iv. For emergency trips, kindly call before applying.

