



Office of the Administrative Officer
University of Swat
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VEHICLE REQUISITION SLIP

Vehicle No. Swat A-

Driver:

No: _____

Dated: ____/____/____

(To be filled by authorized traveler at least two days before departure)

Name: _____ Designation: _____

Contact Number: _____

Department/Center/Institute: _____

Date of Visit: _____ Purpose of Reservation/Booking: _____

Destination: From: _____ To: _____

No. of Traveler: _____ Departure Time: _____ Arrival Time: _____

Traveler Signature

Concerned Head
Recommendation

Administrative Officer
University of Swat