



KGF Complex

APPLICATION FOR TRANSPORT FACILITY

2201
No.

Date : _____

Time : _____

Name of the Applicant / Department :		Chargeability : Official / Personal
		Standing Order No.
Dept. No.	Staff No.	Return trip : Required / Not required
Type of vehicle required : Passenger / Haulage		Required From : (Place) To : (Place)
Required on (Dates) :		From (Time) : To (Time) :

APPLICANT

DEPT. HEAD

CO-ORDINATED

APPROVED

1. Specify Work Order/standing Order / Plant Order, If the application is official.
 2. Specify Names of passengers & their relation to applicant or the details of cargo, if required for passengers or haulage.
 3. Specify exact location from where to where the transport is required.
 4. Application duly approved, only should be sent in triplicate to the Transportation Dept. for hours in advance.
- Copies : Cost Accounts, Transport Dept., Applicant / Dept.

P.T.O.
8205401225

ACCOUNTING DETAILS

		(1)	(2)	(3)	TOTAL
Vehicle	Type				
	Regn. No. :				
Time	In :				
	Out :				
	Total Hours				
Rate/hour					
Amount					
Speedometer reading	Closing :				
	Opening :				
	Total KMs :				
	Rate /KM:				
Petrol	Liters :				
	Amount				
Diesel	Liters :				
	Amount :				
Oil	Liters :				
	Amount				
Incidental Charges :					
Total Amount Chargeable :					

Remarks :

Prepared by

Accountant