



**TAITA TAVETA UNIVERSITY**

**P.O. Box 635 - 80300, Voi Kenya. Telephone: (020) -2437266  
Transport Department**

*To be filled in duplicate*

**FUEL REQUISITION FORM**

Drivers name.....pf/no.....

Designation.....signature.....

**SECTION A:**

Vehicle registration.....Capacity.....Model.....

Previous odometer reading.....Current odometer reading.....

Total kms covered.....Work ticket no.....

Current fueling(litres).....Date.....

**PART 1: REQUISITION (Tick one where appropriate)**

Full tank  Top up

I recommend that the above expenditure be made on behalf of the university and incurred on the department vote

Signed by (Head of transport).....Date .....

**SECTION B: FINANCE DEPARTMENT**

Department code.....Account code .....

Budgetary allocation ..... ksh

Less expenditure committee to date ..... ksh.

Current expenditure .....ksh.

Balance available after .....Ksh.

Signed by budget accountant.....Date.....

Authorization(Registrar AFP).....Date.....

Passed for payment (FO/Chief accountant).....Date.....

