



དཔལ་ལྷན་འབྲུག་གཞུང་།
 རྫོང་ཁག་འདུག་སྐྱོང་།
 སྤྱི་རང་།

ROYAL GOVERNMENT OF BHUTAN
 DZONGKHAG ADMINISTRATION
 TSIRANG

Date:

VEHICLE REQUISITION FORM

Name of Sector:				
Type of Vehicle:				
Date	Time	Destination		Purpose
		From	To	
Requested by		Signature: Name:		Name and Designation of accompanying officials: 1. 2. 3.
MTO		Signature: Name:		Recommendation / Remarks:
Approved by		Signature: Name:		Remarks: