



འབྲུག་རྒྱལ་ཁབ་ཀྱི་  
རྒྱུ་རྩའི་འཕྲུལ་འཁོར་  
ཁྲུང་

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: