## DIRECTORATE OF HEALTH SERVICES VEHICLE REQUISITION FORM

1. Date :		
2. Time :		
3. Detailed purpose : of requisition 4. Destination :		
5. Probable duration : of intended use		
	Signature :	
	Name of Officer:	
	Seal :	
•		
1. Vehicle detailed for : the above purpose		
2. Name of Driver :		
	(	)
	Vehicle Supervisor Directorate of Health Services	

**Note** :- Vehicle Supervisor shall ensure that proper entries are made in the Car Diaries of the requisitioned vehicle immediately after use.