



## REQUISITION FOR TRANSPORT/BUS

1. Name of Rep: .....
2. Department / Group: .....
3. Date of Trip: .....
4. Departure Time.....
5. Purpose of Trip: .....  
.....  
.....
6. Destination: .....
7. Approx No. of Persons on Trip: .....
8. Authorization
  - A. Name: ..... Signature .....
  - (Dept. Head/ Patron)
  - B. Name: ..... Signature .....
  - (Associate Pastor)
  - C. Name: ..... Signature .....
  - (Deacon in-charge of finance)

NOTE: TRANSPORT REQUISITION SHOULD BE SUBMITTED AT LEAST 2 WEEK BEFORE DATE OF TRIP