

**UNIVERSITY OF NAIROBI  
STUDENTS' WELFARE AUTHORITY**

**VEHICLES REQUISITION FORM**

Name of applicant.....Signature.....

Department/Section.....

Purpose for trip.....  
.....

Destination.....Date .....

Time of Departure.....

Expected time of Return.....

**OFFICIAL COMMENTS**

Name of Authorizing Officer.....

Signature.....Date.....

**Vehicle Available/Not Available (tick)**

Vehicle Registration Number..... Driver's Name.....

**Authorizing Officers**

Director, SWA  
Chief Personnel Officer, SWA  
Deputy Finance Officer, SWA

NOTE: one copy with the Chief Personnel Officer, Second copy to be retained by the driver.