**STATE SOCIETY FOR ULTRA POOR AND SOCIAL WELFARE, PATNA**

Vehicle Requisition Format

1. Name of Applicant........................................................................
2. Designation..................................................................................
3. No. of Vehicle/s...........................................................................
4. Place of Visit...............................................................................
5. Purpose of Visit..........................................................................
6. Date from..................................... To.........................................
7. Total No. of Day/s.....................................................................

Recommended by: Signature of Applicant

Date: Date:

 Signature of Approval Authority

 Date:

Order No...................

Signature of Assistant

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