

**UNIVERSITY OF NAIROBI
TRANSPORT & GARAGE DEPARTMENT
POST SERVICE INSPECTION FORM**

A: MOTOR VEHICLE DETAILS

Motor Vehicle Registration Number: _____

Make: _____

College: _____

Department: _____

Garage/Supplier: _____

Postal Address: _____

Tel No: _____

Date of Delivery to Garage: _____

Delivery Mileage: _____

Date of collection from Garage: _____

Collection Mileage: _____

B: DESCRIPTION OF REPAIRS/SERVICE

C: PAYMENT DETAILS

LPO No: _____

Invoice Receipt Date: ___/___/___

LPO Amount: _____

Submission date to Finance Department: ___/___/___

Invoice No: _____

D: ACCEPTANCE STATUS

Y: Accepted:

N: Rejected

Comments: _____

E: INSPECTION AND ACCEPTANCE COMMITTEE

Driver: _____ Signature: _____ Date: _____

Transport Officer/College Transport Coordinator: _____ Signature: _____ Date: _____

Garage Foreman: _____ Signature: _____ Date: _____

Assistant Registrar Transport/College Registrar: _____ Signature: _____ Date: _____

NB: FILLED IN TRIPLICATE

1) VEHICLE FILE

2) FINANCE

3) DEPARTMENTAL FILE