UNIVERSITY OF NAIROBI
TRANSPORT APPLICATION FORM

NOTE: Application forms for transport must be submitted in duplicate and should reach the Transport office at least 5 days before the departure date. The trip shall take place only, after approval and issuance of a permit by the transport office.

PART 1: TO BE COMPLETED BY THE APPLICANT:

NAME: _______________________________ DESIGNATION: __________________________

DEPARTMENT/FACULTY/INSTITUTE: ________________________________________________

COLLEGE: ____________________________________________

NATURE OF TRIP: Academic/Association/Funeral/Others (Specify) _________________________

Number of Passenger seats required: __________________________

DETAILS OF TRIP From: ___________________________ To: ___________________________

Departure Date: __________________________________ Departure Time: _________________

Return Date: _____________________________________ Return Time: __________________

INDICATE FUNDS REQUIRED FOR THE TRIP AND APPROVING UNIT:

Fuel Cost KShs: __________________________ *College/Department/Faculty/Institute/Central Administration

Drivers Allowance KShs: ____________________ *College/Department/Faculty/Institute/Central Administration

Students/Staff Allowance KShs: ________________ *College/Department/Faculty/Institute/Central Administration

Bus/Minibus/Others: ____________________ * College/Department/Faculty/Institute/Central Administration

PART II: TO BE COMPLETED BY HEAD OF DEPARTMENT/FACULTY

*I recommend/do not recommend that the transport request by the above named be approved

Signature: __________________________ Date: __________________________

PART III: TO BE COMPLETED BY THE COLLEGE PRINCIPAL

*I recommend/do not recommend that the transport request by the above named be approved

Bus/Mini-bus/Others assigned to the trips: Reg. No._____________ Name of Driver: _________________

College Principal’s Signature: __________________________ Date: __________________________

PART IV: TO BE COMPLETED BY CENTRAL TRANSPORT OFFICE

All details for the trip have been/have not been provided.

The vehicle assigned to students/staff is in Satisfactory/Unsatisfactory condition.

Sitting capacity is adequate/not adequate.

Approval for the trip is recommended/not recommended.

Signature: __________________________ Date: __________________________

PART V: APPROVAL BY THE DEPUTY VICE-CHANCELLOR/VICE-CHANCELLOR

The request for transport is approved/not approved.

Signature: __________________________ Date: __________________________

Delete whichever is not applicable,
Attach AIE form
Attach Details of the trip