

ORDER REQUEST FORM FOR OFFICIAL VEHICLES

PMT/PROF/0039

Ref. No.

1. Name of Department requesting vehicles:		
2. Postal Address:		3. Contact Person/s:
4. Contact Telephone Number:		5. Contact Facsimile Number:
6. Institution / Region where vehicle is to be stationed:		
7. Category of vehicle to be ordered (RT77-01-01, RT77-02-03, etc. – as per RT77 Contract):		
8. Particulars of Vehicle required:		
<i>Make / Model:</i>		<i>Manufacturer:</i>
<i>Type:</i>	<i>Engine Swept Volume Capacity:</i>	<i>Qty Required:</i>
<i>Extras:</i>		
<i>Colour:</i>		<i>Escalated RT77 price:</i>
9. Delivery Address* (Tick next to relevant box):		
FLEET SERVICES – DBN*	<input type="checkbox"/>	FLEET SERVICES – PMB*
<input type="checkbox"/>		<input type="checkbox"/>
10. Cost Codes to be Debited:		
<i>I, the Responsibility Manager, confirm that funds are / will be available for the payment of the vehicle/s under the following BAS Descriptions</i>		
BAS Fund	BAS Responsibility Number	
BAS Objective	BAS Item	
Matching Field 1	Matching Field 2	
11. Motivation (in terms of Delegation 0703) (if additional space is required, attach an additional motivating page):		
*** ATTACH CERTIFICATE OF VEHICLE UTILISATION ***		
<i>Name: Responsibility Manager: _____</i>		<i>Rank:</i>
<i>Signature:</i>		<i>Date:</i>
<i>Name: Departmental Transport Officer: _____</i>		<i>Rank:</i>
<i>Signature:</i>		<i>Date:</i>
<i>Name: Head of Directorate / Institution: _____</i>		<i>Date:</i>
<i>Signature:</i>		

Department / Institution Official Stamp:

OFFICIAL DATE STAMP

APPROVED / DECLINED: _____