



ROYAL GOVERNMENT OF BHUTAN

DZONGKHAG ADMINISTRATION

SAMTSE

VEHICLE REQUISITION FORM

Name of the Office:

Name of the Department/Agency:

Requisition Details:-

Type of Vehicle:

Vehicle no:

Date	Place		Purpose
	From	To	
From:	Samtse		
To:			

Requisitioned by	Name:
	Designation:
	Date:
	Signature:

Approved by	Name: Dasho Tashi Gyaltzen
	Designation: Dzongdag
	Date:
	Signature: