

**MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES**

**TRANSPORT UNIT**

**TRIP AUTHORITY FORM**

***A: TO BE COMPLETED BY PERSON REQUESTING TRANSPORT***

START OF TRIP DATE \_\_\_\_\_ TIME \_\_\_\_\_

END OF TRIP DATE \_\_\_\_\_ TIME \_\_\_\_\_

USER NAME \_\_\_\_\_ TITLE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

SCHOOL/DIRECTORATE/DEPT/SECTION \_\_\_\_\_

PURPOSE OF TRIP (INCLUDE DETAILS OF NUMBER OF PASSENGERS AND ANY EQUIPMENT TO BE TRANSPORTED)

\_\_\_\_\_  
\_\_\_\_\_

ITINERARY/DESTINATIONS \_\_\_\_\_

\_\_\_\_\_

***B: TO BE COMPLETED BY OFFICER AUTHORIZING TRIP***

I HEREBY CERTIFY THAT THIS TRIP IS OFFICIAL AND THE TRIP PURPOSE IS VALID

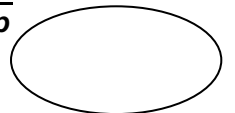
TRIP AUTHORIZED/UNAUTHORIZED

SIGNATURE

DATE

NAME

**Stamp**



***C: TO BE COMPLETED BY THE TRANSPORT OFFICER***

VEHICLE REGISTRATION \_\_\_\_\_

VEHICLE TYPE \_\_\_\_\_

VEHICLE ISSUED BY \_\_\_\_\_  
TRANSPORT OFFICER

DATE \_\_\_\_\_

VEHICLE OPERATOR \_\_\_\_\_

DATE \_\_\_\_\_