

ANNEXURE 2

Pl submit this Form atleast ONE DAY in advance to the Logistics Centre in Person



**LOGISTICS CENTRE
ANNA UNIVERSITY, CHENNAI – 600025
CAR BOOKING FORM – FOR OFFICIAL PURPOSE ONLY**



1	Travel Itinerary	Onward Journey	Return Journey
	Date	DD / MM / YEAR	DD / MM / YEAR
	Time	__ : __ am / pm	__ : __ am / pm
	Place		
	Total distance	__ __ __ km (including to & fro)	

2 User information

- a) Name : _____
- b) Designation : _____
- c) Department / Centre / Office : _____
- d) Contact Number : Mobile _____ / Intercom _____

Signature of the user
(with date & seal)

Signature of the unit officer/concerned authority
(with date & seal)

3 For office use only

- a) Booking Number & Date : _____ dated _____
- b) Additional details of allotted car : _____
- Vehicle Make and Number : _____
 - Driver : _____

**DIRECTOR
Logistics Centre**



ACKNOWLEDGEMENT SLIP

Vehicle availability	:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, booking number	:	
Contact Person	:	
Contact Number	:	

Signature with seal