



**Mauritius Institute of Education  
Transport Management  
TRANSPORT REQUEST FORM**

Date of Trip:.....

Time of Departure: ..... From: MIE  Other  *Please specify:*

Time of Arrival to MIE: .....

OFFICER(S) EFFECTING THE TRIP					
SN	NAME	DEPT / SECTION	RESIDENTIAL ADDRESS <i>(if applicable)</i>	MOBILE NUMBER	OFFICE EXTN
1					
2					
3					
4					
5					

TOTAL NUMBER OF OFFICERS EFFECTING THE TRIP: .....

Complete Itinerary: .....  
.....

Purpose of Trip: .....  
.....

Officer making the request: ..... Signature: .....

Head of Dept / Section / School: ..... Signature: .....

Date of Application for Request to use MIE vehicle: .....

**N.B.:** (i) *In case of cancellation of trip, kindly inform the officer in charge accordingly.*  
(ii) *For airport trips, kindly attach your flight details along with the request form.*

<b><u>FOR OFFICE USE</u></b>	
Vehicle Allotted: .....	Driver Assigned: .....
Date: .....	Signature: .....
Remarks: .....	