



VIDYA ACADEMY OF SCIENCE & TECHNOLOGY

Thalakkottukara P.O.

SUBMISSION FOR EXTRA TRIP OF COLLEGE BUS

Name of the staff incharge	
Designation	
Department	
No. of Students	
Requested Date	
Travelling Date	
Timings	
Destination(from/ To)	
Purpose	
Request By HOD/Convener	
Recommended By Manager	
Approved By Principal	

For Office Use Only

Bus Route No. **Total Run KM:** **Rate:** **Amount:**

PTA/Contract

Vehicle Supervisor: