

# UGANDA CHRISTIAN UNIVERSITY

## DIRECTORATE OF FACILITIES& CAPITAL PROJECT

### Motor vehicle gate pass

To: Security

Please allow motor vehicle Reg. -----Type of vehicle-----

To pass for the period of----- Departure Date ----- Destination -----

Purpose for the Journey -----

Name of the Driver ----- Signature -----

Name of authorizing officer-----

Designation-----

Signature-----Date-----Stamp

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