



Administration Department

**Gate Pass**

Please allow to dispatch following Item (s)

Company-----

Vehicle No. -----

Date: -----

Time: -----

Name: -----

Signature: -----

S/N	Description of Items	Quantity	Remarks

Custodian Name: -----

Checked by: -----

Signature & Stamp: -----

Signature & Stamp: -----

Status

	Yes	No
Returnable		
Non-returnable		
Repair Purpose		
Modification		
Personal Belonging		
Domestic Waste		
Construction Waste		