

VEHICLE SERVICES JUSTIFICATION FORM

Existing Vehicle

New Vehicle

SECTION 1: Department Information		
Department Name:	Department Head Name:	Email Address:
Department ID:	Office Phone#:	Location of Vehicle:
Primary User:	Primary User's Phone Number:	Primary User's Email Address:
Once the university gives the department approval for a vehicle, charges pertaining to the vehicle will be automatically posted in PSOFT.		
SECTION 2: Vehicle Information		
Vehicle Make:	Vehicle Model:	Vehicle Year:
Vehicle Number:	Annual Mileage Existing Vehicle:	Annual Mileage <u>Estimate</u> for NEW Vehicle:
SECTION 3: Justification (check all that apply)		

Job Function requires constant transport and storage of necessary supplies & equipment for university core support

Job function requires constant use of vehicle for classes/research

Job function can only be provided with a vehicle (e.i. Public Safety)

As per the policy please, note that Constant Transportation entails daily use.
Infrequent or sporadic needs will be handled by using the University Vehicle Pool Program.

Describe how the use of vehicle meets the justification criteria selected:

Department Head Signature: _____ Date: _____

SECTION 4: Approvals		
<input type="checkbox"/> Department	Office of Sponsored Research Admin. (OSRA)	Executive
Print Dean/Director Name:	OSRA Authorized Representative Name:	CFO/Provost/President:
Signature:	Signature:	Signature:
Date:	Date:	Date:

Vehicle Services Approval: _____