

# UNIVERSITY VEHICLE JUSTIFICATION FORM

Existing Vehicle

New Vehicle

SECTION 1: Department Information			
DepartmentName:		DepartmentHeadName:	Email Address:
		Office Phone#:	Location of Vehicle:
Primary User:		Primary User'sPhoneNumber:	Primary User'sEmail Address:
SECTION 2: Vehicle Information			
VehicleMake:	VehicleModel:	Vehicle Year:	

Vehicle 7