



# FLORIDA ATLANTIC UNIVERSITY

## UNIVERSITY VEHICLE JUSTIFICATION FORM

Existing Vehicle

New Vehicle

### SECTION 1: Department Information

Department Name:		Department Head Name:	Email Address:
		Office Phone#:	Location of Vehicle:
Primary User:	Primary User's Phone Number:	Primary User's Email Address:	

### SECTION 2: Vehicle Information

Vehicle Make:	Vehicle Model:	Vehicle Year:
Vehicle T-Number Existing Vehicle:	Annual Mileage Existing Vehicle:	Annual Mileage Estimate for NEW Vehicle:

### SECTION 3: Justification (check all that apply and add the appropriate description)

- Job function can only be provided with a vehicle (e.g. Public Safety, student compliance, constant intra- and intercampus transportation)
- Job function requires constant use of vehicle for the execution of a grant or use as a direct student teaching tool
- Job function requires constant transport of the University Community and heavy or dangerous materials
- Job function requires utility vehicles to cultivate donor and external relations or student services like security and accommodation to disabilities

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

### SECTION 4: Approvals

Department	Division of Research	Executive
Print Dean/Director/Vice President Name:	Authorized Representative Name:	CFO/Provost:
Signature:	Signature:	Signature:
Date:	Date:	Date: