

Justification for 4wd Vehicle Purchase

Requesting Department: _____

Program supporting: _____

Type of Vehicle Requested: _____

Road Conditions and Frequency of use that will require 4 wheel drive vehicle:

Job related duties that require a 4 wheel drive vehicle - must be very specific:

Department Head Name: _____

Signature: _____

Date: _____

Transportation Use Only

Approving Authority Name: _____

Signature: _____

Fleet Number Assigned: _____

Type of vehicle: _____

Class Code: _____