



# MOTOR VEHICLE JUSTIFICATION FORM

**PLEASE COMPLETE THE FOLLOWING:**

**Department Name:** \_\_\_\_\_

**Date (DD/MM/YY):** \_\_\_\_\_

**Contact Name and Phone Number:** \_\_\_\_\_

**Request For:**             Additional Vehicle             Replacement

**Funding Approved:**     Yes             No

**Source of Funding:**     Operating/Ancillary Fund             Grant Funds

**Request For:**             Purchase             Lease (If Lease specify term: \_\_\_\_\_)

**FOAPAL from which vehicle will be purchased / leased.**

\_\_\_\_\_

**FOAPAL from which insurance, maintenance and operation will be charged**

\_\_\_\_\_

**Type of Vehicle Requested:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Purpose for which vehicle is required:**

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**Where will vehicle be housed?**

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**Appropriate Departmental Authorization based on FOAPAL is Mandatory:**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Appropriate Vice President (Administration and Finance) Authorization:**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please ensure signed form is returned via email to: [fm\\_vehicles@mun.ca](mailto:fm_vehicles@mun.ca)**

**This form has been reviewed by Fleet Management at Facilities Management (FM):**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_