

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF ADMINISTRATION
VEHICLE REQUEST JUSTIFICATION FORM
FOR ANY VEHICLE UNDER GVW 16,000 POUNDS

ADM # _____

TO: David Ridolfino
Deputy Director
Department of the Treasury

FROM: _____
(Department)

(Print Name)

(Signature)

A. VEHICLE INFORMATION (MUST BE PROVIDED FOR EACH VEHICLE REQUESTED – see instructions)

1. Is this an individual or pool assignment? **INDIVIDUAL** **POOL**
2. If an individual assignment, will the individuals officials work station be home or office? **HOME** **OFFICE**
3. What county or region will the vehicle be used? _____
4. Where will the vehicle be parked when not in service? _____
5. Estimated monthly mileage: # of Business Miles _____ # of Commuting Miles _____
6. How many days a week will the vehicle be used? _____
7. What hours will the vehicle be used? _____
8. Allocate usage by percent, as follows:

Highway _____	Off road _____
Inner City/urban _____	Institution grounds (paved roads) _____
Rural Roadways _____	State Parks (paved roads) _____
Other (explain) _____	
9. Types of Acquisition:
 - Purchase
 - Bid
 - Waiver
 - Lease

If you answer yes to any of the following questions please provide details in the justification section.

- | | | |
|--|-----|----|
| 10. Is the employee considered essential personnel in the event of official closure? | YES | NO |
| 11. Will the vehicle be used as an emergency response vehicle? | YES | NO |
| 12. Will the vehicle be required to tow? | YES | NO |
| 13. Will the vehicle be used to carry passengers? | YES | NO |
| 14. Will the vehicle be used to carry supplies or cargo? | YES | NO |
| 15. Will the vehicle be used out-of-state? | YES | NO |
| 16. Will line of credit funding be requested? | YES | NO |