

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF ADMINISTRATION - TRANSPORTATION SERVICES
VEHICLE REQUEST AND ASSIGNMENT REPORT**

1. DEPT.	2. DRIVER'S LAST NAME <i>(If pool car, enter location and city)</i>	3. ODOMETER	4. VIP <input type="checkbox"/> Confidential <input type="checkbox"/> <i>(Please check one)</i>	5. STATE PLATE
6. DIV	8. DRIVER'S LICENSE NUMBER <i>(If pool car, enter supervisor's last name)</i>	9. DRIVER'S EMPLOYEE ID # <i>(If pool car, skip item 9)</i>		
7. ACCOUNT OR BUDGET CODE	<input type="checkbox"/> New <input type="checkbox"/> Ext. From _____ Is this an existing assignment? Enter date the assignment started To _____ Date _____			
10. ASSIGNMENT TYPE: <i>Check one. Note: If Temporary request, enter dates and check new or Extension</i>				
<input type="checkbox"/> Cabinet <input type="checkbox"/> Executive <input type="checkbox"/> Other Individual <input type="checkbox"/> Agency Pool <input type="checkbox"/> Non-Reporting Equipment <input type="checkbox"/> Temporary				
11. INDIVIDUALLY ASSIGNED? <i>(Is the overnight parking location your home If yes, complete items a thru I if not fill out box 12)</i>			12. AGENCY POOL OR FLEET VEHICLE?	
a. Driver's Name: _____ b. Home Address: _____ c. Title: _____ d. Range: _____ Work Phone: _____ e. Official Work Station: City & county) _____			e. Overnight Storage Location: _____ <i>(If yes, complete items a to h)</i> a. Name of Vehicle Coordinator: _____ Street: _____ City: _____ State: _____ b. Title: _____ f. Number of Miles from Storage Location _____ c. Office Phone: _____ to Work Station: _____ d. Business Miles: _____ g. Commuting Trips: _____ h. Commuting Miles: _____	
11. f. Number of Miles from Residence _____				
11. g. Commuting Trips: _____				
11. h. Commuting Miles: _____				
11. i. Business Miles: _____				
13. JUSTIFICATION FOR ASSIGNMENT:				
14. Certification:				
Signature, Chief Administrative Officer _____ Date _____				
Bureau Use Only	Assignment Date	Repair Location	Repair Priority	Rotated For
			<input type="checkbox"/>	
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved Signature and Date				

INSTRUCTIONS

ITEM

1. Department submitting document.
2. If individually assigned, enter driver's last name, if pool vehicle enter office location and city.
3. Enter the vehicle's odometer, if applicable, at the time of the transaction.
4. If so equipped, enter the VIP or confidential plate number and check the appropriate box.
5. Vehicle's state plate number (include the appropriate prefix, i.e., SG, TD, or SP.)
6. Division submitting document.
7. Account number or Budget Code to which vehicle is to be billed.
8. If individually assigned, enter driver's license number, if pool vehicle enter supervisor's last name.
9. If individually assigned, enter driver's employee ID number, if pool vehicle leave blank.
10. Type of assignment, check one. Before completing section 10 consult State Vehicular Assignment and Use Policy. The distinction among types of assignments is crucial to the Bureau of Transportation Services.
11. Complete this section only if individually assigned.
 - a. through f. Fill in information as indicated.
 - g. Number of times during the month that the vehicle is driven directly from the residence to the official work station, PLUS the number of times that vehicle is driven directly from official work station to the residence. (This number could range from 0 to 44.)
 - h. Multiply 11g. by 11f.
 - i. Enter all mileage when vehicle is not being driven directly to and from residence and official work station.
12.
 - a. through e. Fill in information as indicated.
 - f. through h. Complete if vehicle is stored off site for security reasons.
(Note: Attach justification for off site storage.)
 - f. As indicated.
 - g. Number of times during the month that vehicle is driven directly to the storage location from the official work station, PLUS the number of times that vehicle is driven directly from the official work station to the storage location. (This number could range from 0. to 44.)
 - h. Multiply 12f. by 12g.
13. Justification—Before completing section 13, please consult State Vehicular Assignment and Use Policy. Explain in detail why the vehicle is needed. Be as specific as possible as to employee job function or agency's responsibilities. Any change of assignment requires rejustification.
14. Certification – Certify that above information is accurate and that funds are available to cover the cost of the vehicle.