



South Central HRA  
P O Box 638  
1437 Winchester Hwy  
Fayetteville, TN 37334  
(931) 433-7182

## USE OF AGENCY VEHICLE JUSTIFICATION FORM

*SCHRA POLICIES & PROCEDURES VEHICLE USAGE FORM 402.1*

Name of Driver: Position:	
Date(s) of Travel	
Destination	

1. Purpose of Travel	
2. How does trip relate to employee's work assignment?	
3. Description of expected cost benefits.	

**Submit to the Executive Director for approval to use Agency vehicle in accordance with SCHRA Use of Agency Vehicle Policy 402.1 (7).**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Executive Director Signature

\_\_\_\_\_  
Date