## Fleet Disposal Authorization Document

Requesting Department:					
Date of Request:					
Prepared by:					
Vehicle Information					
Vehicle Make/Model Year	VIN/ID	License Plate	Current Odometer	Condition	Reason for Disposal
Disposal Method Approved:					
Additional Notes:					
Requested by (Name & Signa	ture)				
Date					
Department Head (Name & Signature)					
Date					
Authorized by (Name & Signa	ture)				
Date					