



## WEX JUSTIFICATION REPORT

Justification Reports will be emailed to the employee's Department Fleet Coordinator notifying each time the criteria were not met by one or more of its drivers. The following are criteria information for the required justification reports.

Employee Name \_\_\_\_\_

Purchase Alert Policy Date to Department \_\_\_\_\_

Location of the Fueling Stations \_\_\_\_\_

Fuel Amount \_\_\_\_\_ Fuel Purchase Date \_\_\_\_\_

Address of County Owned Fuel Site \_\_\_\_\_

Mileage Distance \_\_\_\_\_

Justification for fuel purchase \_\_\_\_\_

\_\_\_\_\_

Department Signature \_\_\_\_\_ Date \_\_\_\_\_

DREAM Fleet Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_