

**GOUVERNEMENT DE LA  
REPUPLIQUE DE VANUATU**

**SECRETARIAT DE LA  
COMMISSION DE LA  
FONCTION PUBLIQUE**

**Sac Postal Privé 9017, PORT VILA  
Tel: 33360  
Fax: 26381**



**GOVERNMENT OF THE  
REPUBLIC OF VANUATU**

**PUBLIC SERVICE  
COMMISSION SECRETARIAT**

**Private Mail Bag 9017, PORT VILA  
Tel: 33360  
Fax: 26381**

## VEHICLE USAGE AGREEMENT FORM

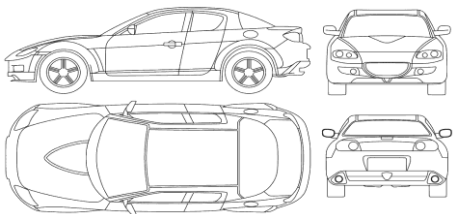
### REQUEST DETAILS

Name:	Phone:	Email:
Ministry/Department:	Address:	
Occupation:	Valid Driver's License:	Yes No

### VEHICLE DETAILS

Vehicle Registration:	Make:	Model:						
Ministry:	Department:							
	Time	Day	Month	Year	Mileage	Fuel Tank		
Date /Time Out						Full	Medium	Low
Date / Time In						Full	Medium	Low

Key	Check Out	Comments
1 = Dent:		
2 = Scratch:		
3 = Scuff:		
4 = Broken:		
5 = Cracked:		
6 = Chipped:		



### GENERAL CONDITIONS OF AGREEMENT

- ❖ A physical Inspection MUST be carry out by Fleet Officers and the Requested officer before /after the vehicle return.
- ❖ Any damage spotted or identify from the inspection after return of vehicle will paid by the Department/Officer concern.
- ❖ Failure to return the vehicle as per agreement, the vehicle will be forced to retain by Police.
- ❖ This Vehicle is strictly use for official purpose only.
- ❖ Provide a valid Driving License attached.
- ❖ Vehicle MUST be wash and clean upon return.
- ❖ Vehicle MUST retained with half tank, or as it was release.

We acknowledge receiving the vehicle and accept the condition of this agreement

Fleet Management Unit

Requested Department/Officer

Authorized Signature

Authorized Signature

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