

Vehicle Purchase/Replacement Request

Complete all information => Obtain all signatures => Returned executed copy to originating department for files.
 If approved, fill out Services Information on page 3 and forward to Facilities Management, PPA 143.

I. Requestor Information		
1. Name:	2. Email Address:	3. Department:
4. Mailing Address:	5. Phone:	6. Fax:
	7. Funding source (check one): <div style="display: flex; justify-content: space-around; font-size: small;"> Institutional (local) Appropriated (state) Donated </div>	
	8. Estimated Cost:	

II. Current Vehicle Information		
***** (THIS SECTION ONLY FOR THE OLD VEHICLE BEING REPLACED) *****		
9. Year, Make, Model of vehicle being replaced:	10. Current Odometer Reading:	
11. License Plate:	12. VIN:	13. Vehicle number:
14. Current vehicle location (Building & Address where vehicle is normally parked):		

III. New Vehicle Information	
15. Vehicle type: Choose one	16. Alt. fuel: Choose one
17. Explain the justification for this vehicle (subject to future review by the State; limit of 1200 characters) <i>(Not required for Replacement Vehicle):</i>	
18. Primary location (Building & Address where vehicle will be parked):	
19. List any specifications and attachments that need to be added to this vehicle to accomplish the mission of your department (this will be used to help prepare the Purchase Order and be included in State mandated reporting requirements) (Attach additional sheets if needed):	

IV. Accounting Information

20. Account number for Purchase:

21. Account number for Maintenance/Fuel charges:

V. Authorized Signatures

Department Head title:

Signature:

Date:

Print Name:

Dean/Vice President title:

Signature:

Date:

Print Name:

Signature:

Date:

Fleet Cap Data

1. Fleet Cap increase required? Yes No

2. Fleet Cap Increase Requested Date:

3. Fleet Cap Increase Approval Date:

Facilities Management ApprovalFacilities Management:
Fleet Manager

Signature:

Date:

Print Name:
Gordon S. Green

**This Information To Be Filled Out After
All Approvals Have Been Obtained**

Services Information

1. Vehicle Contact person for notifications:

Name: _____

Phone: _____

Department: _____

Email: _____

Vehicle Setup Information
******* To Be Filled Out By Fleet Management Services Only *******

Department Name on Vehicle:			
Vehicle #:	Work Order #:	Gas Card #:	Inventory #:
Year:	Make:	Model:	
License:	VIN:	Initial Odometer:	Primary Fuel:
SI Month:	PM Template:	Copy put in file:	Secondary Fuel:

Order Information

Purchase Order Number:	
Vendor:	Vendor #:
Cost:	
Estimated Delivery Date:	