

## Vehicle Purchase/Replacement Request Form

| I. Requestor Information   |                       |                              |
|--|-----------------------|------------------------------|
| 1. Department Name   |                       | 2. Box                       |
| 3. Requestor Name  | 4. Phone              | 5. Fax                       |
| 6. Funding Source (choose one):  |                       | 8. Estimated Cost:           |
| 7. Account Number(s) for Purchase (AIS):   |                       |                              |
| 9. Account Number for Monthly Charges (AIS):   |                       |                              |
| II. New Vehicle Information  |                       |                              |
| 10. Vehicle type:  | 11. Fuel card?        | 12. Insurance?               |
| 13. List any specifications and attachments that need to be added to this vehicle (Attach additional sheets if needed) |                       |                              |
| 14. Explain the justification for the vehicle  |                       |                              |
| III. Replacement Vehicle Information   |                       |                              |
| 15. Vehicle Number   | 16. Year, Make, Model | 17. Current Odometer Reading |
| Fiscal Officer Signature   |                       |                              |
| Transportation Manager Approval  |                       |                              |
| ORP Approval (for Grant Accounts only)   |                       |                              |