

Request for New or Replacement Long-Term Assigned Vehicle

Fleet Services

Use this form when these criteria are met:

1. Vehicle will be rented for more than 30 days.
2. Vehicle will be driven more than 2,000 miles per year OR used at least 80% of normal work week (i.e. 4 out of 5 days in a 5-day work week).
3. If usage criteria above will not be met please explain in detail.

Client Request Section:

Name of Requestor	Title	Email
Department	Campus Mail	Phone
Name of Person Responsible for approving long term lease	Title	Email
Budget Name	Budget Number	Projected Vehicle Annual Usage _____miles/year
Replacement/New Assignment: (Select one option to the right)	___ Replacement for currently assigned vehicle#: _____	___ Request is to add an assigned vehicle to our department
Type of Vehicle Requested: (select one option or write in under "other")	Passenger Vehicle: (lifecyle 8 yrs) Sedan / Minivan / SUV Pickup Truck: (lifecyle 8 yrs) Compact / Fullsize / Crewcab Utility Vehicle: (lifecyle 11 yrs) Box truck / Step Van / Pickup truck w/ specialty utility body	Other: (specific model if known)
Specialized Equipment/Modification: Budget to charge for specialized equipment: _____		
Purpose: (vehicle will be used for...)	Lease Period: Begin Date	End Date: (leave blank if vehicle is to be used for its full lifecycle)
AUTHORIZATION: Two signatures are required. Include job titles. These signatures must be persons authorized to give approval.		
_____ Signature of Requestor		_____ Date
_____ Signature of Department Head or Director (Authorized to sign Long Term Vehicle Lease)		_____ Date

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Fleet Services Admin Section:		
Current Assigned Vehicle: _____	_____ miles/year	Meets OFM criteria: yes / no Exempt: ___ Reason: _____
Replacement vehicle available in fleet: ___ Yes ___ No	Replacement Veh# _____	Current status: Use _____ Equip Upfit Needed: yes / no
New vehicle purchase is required: _____	Signature of Program Operations Manager: _____	Date _____
Shop Section:		
Current vehicle review required? ___ Yes ___ No	Current Assigned Vehicle# _____ Review	
Rate 1-5, 5 is best	Engine: _____	Comment: _____
Rate 1-5, 5 is best	Body: _____	Comment: _____
Vehicle Life Expectancy:	Vehicle Has _____ years left in life	Vehicle Has _____ miles left in life
Shop Recommends New Vehicle Purchase: ___ Yes ___ No	Type: _____	Special Equipment Install Quote: _____
Shop Comments:		
Maintenance Schedule for New Vehicle(PM):	_____ 6000 _____ miles	_____ 12 _____ months
Shop Review Complete:	Signature of Fleet Maintenance Manager: _____	Date _____
Fleet Services Final Approval:	Signature of Assistant Director _____	Date _____
Attach: Long Term Vehicle Lease Agreement		