

VEHICLE ACQUISITION (PURCHASE, LEASE OR TRANSFER) CHECKLIST & PROCESS

Department Name: _____

Departmental Contact: _____

Email: _____

Phone #: _____

Vice President for Requesting Department: _____

Fund/Organization Code for Purchase: _____

Fund/Organization Code for Maintenance & Insurance: _____

Estimated Cost for Annual Maintenance & Insurance: _____

Has a Capital Equipment Request been submitted for this vehicle? ___yes ___no

If yes, date submitted: _____ Approved ___ yes ___ no

Please identify any additional funding sources other than purchasing org. M & O or capital funds (i.e. insurance proceeds, budget transfers from other areas, etc) _____

Will this vehicle replace an existing vehicle? ___ yes ___ no

If yes, what are the year, make, model & serial # of vehicle to be surplusd? _____

Description of Vehicle Usage:

1. Estimated number of trips per month _____
2. Average distance of ea. trip _____
3. Average number of passengers for ea. trip _____
4. Business purpose(s) of trips _____

5. Make/Model of Desired Vehicle: _____

6. Have alternative fuel vehicles been considered? ___ yes ___ no

If no, please include justification for request of a traditional vehicle. _____

Please describe the current means of transportation for each business purpose listed above: (i.e. use of staff personal vehicles, rental vehicles, use of ECU fleet vehicles)

