

# FLEET SERVICES

## VEHICLE PURCHASE REQUEST FORM

### Instructions for Part 1

Departments may purchase **trucks or cargo vans**. Only Fleet Services is authorized to purchase passenger-type vehicles. If you are not sure of the correct organization name or agency number, please contact you fiscal area for assistance. Generally 208 is Education and 229 is Cooperative Extension. For state contract number, please go to [www.procurement.vt.edu/Department/Procedures/vehicle](http://www.procurement.vt.edu/Department/Procedures/vehicle) and then click on list of current state vehicle contracts. Click on website under Policy section.

**Contact Deborah Freed, Manager of Fleet Services for assistance at 540-231-0428**

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Organization Name: \_\_\_\_\_ Organization Number: \_\_\_\_\_

Agency Number:    208     229

Banner Fund Number (For License Plates, Fuel, and Maintenance): \_\_\_\_\_

Number of Vehicles Owned by Organization: \_\_\_\_\_

Type of Vehicle Requested: \_\_\_\_\_

State Contract Number: \_\_\_\_\_

Area of Operation (City or County): \_\_\_\_\_

Anticipated Annual Mileage: \_\_\_\_\_

### Instructions for Part 2

If the state contracts do not meet your needs, please justify below.  
Contracts can be found at [www.procurement.vt.edu/Department/Procedures/vehicle](http://www.procurement.vt.edu/Department/Procedures/vehicle)

Justification for Not Using State Contract \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# FLEET SERVICES

### Instructions for Part 3

If this vehicle is a replacement, complete part 3; if it is not go to part 4.

License Number of Vehicle to be surplussed: \_\_\_\_\_

Vehicle Identification Number: \_\_\_\_\_

Odometer Reading: \_\_\_\_\_

Justification for Replacement if Less than 100,000 Miles: \_\_\_\_\_

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### Instructions for Part 4

If vehicle requested is an additional vehicle please provide justification below.

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### Instructions for Part 5

If vehicle is being used to drive between home and office, it is considered commuting.

Will the vehicle be used for commuting?

Yes  No

If yes, please explain the need for commuting below.

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# FLEET SERVICES

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I have read, understand and agree to abide by University Policy 5500.  
This policy includes vehicle maintenance and providing required reports to fleet services in a timely manner.

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Authorized Signature: \_\_\_\_\_

Email: \_\_\_\_\_ Date: \_\_\_\_\_

<b>OFFICE USE ONLY</b>
Approved: <input type="checkbox"/> Disapproved: <input type="checkbox"/>
Manager of Fleet Services: _____ Date: _____