

Authorization to Acquire Vehicle

NOTE: this form is not required when extending a lease on an existing vehicle.

Requestor Information

Name _____ Department _____
Mailing Address _____
Email Address _____ Phone _____ Fax _____

Old Vehicle Information

If the new vehicle will replace a previous vehicle, please describe the vehicle being replaced:

Year _____ Make _____ Model _____
Year _____ VIN _____ License Plate Number _____
VUMC Vehicle number _____ - _____ Odometer Reading _____, _____

New Vehicle Information

Vehicle type requested:

- | | |
|--|---|
| <input type="checkbox"/> Compact | <input type="checkbox"/> Full-size cargo van |
| <input type="checkbox"/> Sedan | <input type="checkbox"/> Small pickup truck |
| <input type="checkbox"/> Minivan | <input type="checkbox"/> Full-size pickup truck |
| <input type="checkbox"/> Full-size passenger van | <input type="checkbox"/> Other (specify): _____ |

List any specifications, markings, equipment, attachments that must be added to this vehicle in order to accomplish the stated purpose: _____

Alternate fuel type (optional) – check one: Hybrid Electric Natural gas

Justification

Estimated number of miles this vehicle will be driven – Per day: _____ Per month: _____

Describe the purpose (use, role, mission) of this vehicle _____

Authorized Signatures

Department Head or Budget Officer: _____

Fleet Management: _____