

# 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.

<b>Client Request Section:</b>		
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")	<b>Passenger Vehicle:</b> (lifecyle 8 yrs) Sedan / Minivan / SUV  <b>Pickup Truck:</b> (lifecyle 8 yrs) Compact / Fullsize / Crewcab  <b>Utility Vehicle:</b> (lifecyle 11 yrs) Box truck / Step Van / Pickup truck w/ specialty utility body	<b>Other:</b> (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)
<b>AUTHORIZATION: Two signatures are required. Include job titles. These signatures must be persons authorized to give approval.</b>		
_____ Signature of Requestor	_____ Date	
_____ Signature of Department Head or Director (Authorized to sign Long Term Vehicle Lease)	_____ Date	