

Vehicle Purchase/Replacement Request

Fill in all information => Obtain all signatures => Have copy returned to originating department with all signatures => If approved, fill out Services Information on page 3 and forward to Purchasing Office => Forward copy of this document plus Purchase Order to Fleet Management Services, D3000.

I. Requestor Information		
1. Name:	2. Email Address:	3. Mail Code:
4. Mailing Address:	5. Phone:	6. Fax:
	7. Funding source (check one): <div style="display: flex; justify-content: space-around;"> Institutional (local) Appropriated (state) Donated </div>	
	8. Estimated Cost:	

II. Current Vehicle Information ***** (THIS SECTION ONLY FOR THE OLD VEHICLE BEING REPLACED) *****		
9. Year, Make, Model of vehicle being replaced:		10. Current Odometer Reading:
11. License:	12. VIN:	13. Door number:
14. Current vehicle location (Building & Address where vehicle is normally parked):		

III. New Vehicle Information	
15. Vehicle type: Choose one	16. Alt. fuel: Choose one
17. Explain the justification for this vehicle (subject to future review by the State; limit of 1200 characters):	
18. Primary location (where vehicle will be parked): Building: Zip Code: Address:	
19. List any specifications and attachments that need to be added to this vehicle to accomplish the mission of your department (this will be used to help prepare the Purchase Order and be included in State mandated reporting requirements) (Attach additional sheets if needed):	

IV. Accounting Information

20. Account number for Purchase:

21. Account number for Maintenance/Fuel:

22. Account number for Additional Insurance coverage: (Note - contact Risk Management at 512-471-3723 or go to <http://www.utexas.edu/business/busmgr/vehicle-insur.html> for more information on physical damage coverage)**V. Authorized Signatures****Department Head title:****Signature:****Date:****Print Name:****Dean/Vice President title:****Signature:****Date:****Print Name:****Fleet Management Services title:****Signature:****Date:**

Fleet Manager

Print Name:**Office of the Vice President and Chief
Financial Officer title:****Signature:****Date:**Vice President and Chief Financial
Officer**Print Name:**

**This Information To Be Filled Out After
All Approvals Have Been Obtained**

Services Information
1. Will you need a UT fuel card? (for fuel in Travis County) (Y/N):
2. Will you need a commercial fuel card? (Y/N):
3. Would you like to be notified of scheduled Preventive Maintenance/State Inspections? (Y/N):
4. Vehicle Contact person for notifications: Name: _____ Phone: _____ Mail Code: _____ Email: _____

Vehicle Setup Information			
***** To Be Filled Out By Fleet Management Services Only *****			
Department Name on Vehicle:			
Door #:	Work Order #:	UT Fuel Card #:	UT Inventory #:
Year:	Make:	Model:	Class Code:
License:	VIN:	Initial Odometer:	Primary Fuel:
SI Month:	PM Frequency:	Copy put in W.O. file:	Secondary Fuel: