

Attachment L

DMS Fleet Management MP6301

Request for Purchase of Mobile Equipment

A. REQUESTOR

Department: CHOOSE CORRECT DEPARTMENT Request #: _____

Division: _____ Date: _____

Name: _____ Title: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

B. DESCRIPTION OF EQUIPMENT TO BE PURCHASED

United Nations Standard Products and Services Commodity Code: _____

Other: _____

Description: _____

Options Requested: _____

Justification for Options (Use additional sheet if necessary):

C. STATUS OF VEHICLE IN FLEET

Addition to fleet: Yes No Specific Legislative Approval if Additional: Yes No

D. ASSIGNMENT OF EQUIPMENT TO BE PURCHASED (Name and title of person that will be driving the vehicle)

Assignee: _____ Title: _____ Estimated Annual Miles: _____

E. SPECIFIC DUTIES OF THE ASSIGNEE AND EQUIPMENT JUSTIFICATION
(Include specific applications for this size, options and type of equipment)

Max. Load Carried	% of Time Load Carried	Max. Number of People Carried	% of Time People Carried	Max Towed Load	% of Time Towed

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F. DESCRIPTION OF REPLACED EQUIPMENT			
FLEET Equipment Number	Year	Make	Model
Vehicle Type (Sedan, SUV, Etc.)		Vehicle Identification Number	Miles/Hours

- Fuel Type:** Gasoline Diesel (Other Describe: _____)
- Engine Description:** 4-Cyl 6-Cyl 8-Cyl (Other Describe: _____)
- Transmission:** Automatic (Manual Speeds: _____)
- Drive:** Two Wheel Drive Four Wheel Drive Tandem
- Condition (Good, Fair or Poor):** (Body: ? _____) (Paint: ? _____) (Engine: ? _____) (Drive train: ? _____) (Tires: ? _____)
- Status of Equipment:** Operational Non-Operational (Specify if: Wrecked Burned Other)
- Cab Model (Trucks only):** Regular Extended Crew Cab
- Other:** _____

G. AUTHORIZATION			
Contact Name:	_____	Phone:	_____
Address:	_____	City:	_____ Zip: _____
Authorized Signature:	_____		
I do hereby certify that all the above information is true and correct.			

NOT COMPLETING ALL APPLICABLE SECTIONS MAY DELAY PROCESSING OF THIS REQUEST