

REQUEST FOR VEHICLE

Date: _____

Review PPM 300-30 and policy BFB-BUS-8 prior to requesting additional vehicles.

Please allow 2 weeks after submission of form for vehicle availability. E-mail completed form to vehiclreservation@ad3.ucdavis.edu

Requestor Information

Department: _____

Contact Name: _____

Phone: _____

E-mail: _____

Rental Information

Date Needed:		Length of Time:	<input type="checkbox"/> Indefinite <input type="checkbox"/> Date Range (<i>under a year</i>): _____
Vehicle Type:	_____		
(For Pickup or Truck Only)	Type of Load: _____ Estimate Weight Load: _____ Size & Weight of Trailer Pulled: _____		
Area of Travel:	_____		
Mileage Usage:	Daily: _____ Monthly: _____ Annually: _____		
Type of Use:	<input type="checkbox"/> Field <input type="checkbox"/> Highway <input type="checkbox"/> Local <input type="checkbox"/> Other _____		
Justification:	<input type="checkbox"/> Instruction <input type="checkbox"/> Research <input type="checkbox"/> Service Function <input type="checkbox"/> Other _____		
If this will be replacing a vehicle currently assigned to your department, what is the current vehicle number? # _____			
Where will this vehicle be parking: Lot# _____ Building # _____			

Funding Source (*check one*)

<input type="checkbox"/> Fleet Services Funds (lease/rental). Grant (<i>source limitations and conditions related to purpose or use and term of contract</i>). Attach related grant information
<input type="checkbox"/> Department one-time funds for purchase and annual operations. Amount budgeted. \$ _____ one-time \$ _____ annually
<input type="checkbox"/> Campus working capital
<input type="checkbox"/> Other (Describe—attach additional page if needed: _____)
Department Account Number: _____

Department Head Name

Department Head Signature

Date

Fleet Services Use Only

Approve | Deny Signature _____ Date _____

Vehicle # Assigned: _____ Comments: _____