

## REQUEST FOR VEHICLE

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

E-mail completed form to [vehiclereservation@ad3.ucdavis.edu](mailto:vehiclereservation@ad3.ucdavis.edu)

### Requestor Information

Department: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Type of vehicle needed:		Length of time needed:
Justification	Instruction: Service Function:	Research: Other :
Area of Travel:		
Mileage Usage:	Daily: _____ Monthly: _____ Annually: _____	
Type of Use:	Field Highway Local Other	
For Pickup or Truck:	Type of Load: Estimate Weight Load: Size and Weight of Trailer Pulled:	If this will be replacing a vehicle currently assigned to your department, what is the current vehicle number? # _____

### Funding Source:

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

\_\_\_\_\_  
Department Head Signature Date

\_\_\_\_\_  
Department Head Name Department Account Number

### Fleet Services Use Only

Approve | Deny      Signature \_\_\_\_\_      Date \_\_\_\_\_

Comments: \_\_\_\_\_

Vehicle # Assigned: \_\_\_\_\_