

REQUEST FOR VEHICLE

Date: _____

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

E-mail completed form to vehiclreservation@ad3.ucdavis.edu

Requestor Information

Department: _____

Contact Name: _____

Phone: _____

E-mail: _____

Type of vehicle needed:		Length of time needed: _____ Date 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 (lease/rental).		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: _____