



California State Polytechnic University, Pomona  
Division of Administrative Affairs  
Facilities Planning & Management - Fleet Services  
Vehicle Acquisition Request Form

**Submit Completed Form to:**  
**Mark R. Miller, Fleet Services Manager**  
[mrmiller@cpp.edu](mailto:mrmiller@cpp.edu)  
**(909) 869-3046**

SECTION A:

**VEHICLE ACQUISITION REQUEST FORM**

REQUESTING DEPARTMENT:	DIVISION / OFFICE:	DATE:
REQUESTOR:	E MAIL ADDRESS:	
OFFICE ADDRESS:	CITY / ZIP:	TELEPHONE NUMBER:

ITEMS TO INCLUDE WITH REQUEST FORM AS APPLICABLE:

1. Justification Form.
2. Requisition for Vehicle.
3. Quote for Vehicle from Vendor.

SECTION B:

TYPE OF VEHICLE(S):	ADDITIONAL:	REPLACEMENT:	UNDERCOVER :	TOTAL QTY:
			YES ___ NO ___	
TYPE OF ACQUISITION				
PURCHASE <input type="checkbox"/> RENTAL / LEASE <input type="checkbox"/> COMMERCIAL RENTAL / LEASE <input type="checkbox"/> GIFT OR DONATION <input type="checkbox"/>				
FUEL TYPE				
GASOLINE <input type="checkbox"/> DIESEL <input type="checkbox"/> ETHANOL <input type="checkbox"/> PROPANE <input type="checkbox"/> CNG <input type="checkbox"/> ELECTRIC <input type="checkbox"/> HYBRID <input type="checkbox"/> BIFUEL <input type="checkbox"/> OTHER <input type="checkbox"/>				

SECTION C:

1. JUSTIFICATION FOR VEHICLE:

2. POOL VEHICLE OR ASSIGNED TO A PRIMARY DRIVER:

**3. REASON THIS TYPE OF VEHICLE WAS SELECTED:**

**4. EXPLAIN WHY AN UNDERUTILIZED VEHICLE CANNOT FULFILL THIS REQUEST:**

**5. EXPLAIN THE NEGATIVE IMPACT IF THIS ACQUISITION IS NOT APPROVED:**

**SECTION D:**

**VEHICLE TO BE REPLACED** (If more than one vehicle, attach separate sheet with required information)

<b>LICENSE NO/EQUIPMENT NO</b>	<b>VEHICLE ID NO</b>	<b>MAKE</b>	<b>MODEL</b>
<b>MODEL YEAR</b>	<b>MILES/HOURS</b>	<b>CAPACITY OR SIZE</b>	<b>PROPERTY SURVEY NO</b>

<b>PREPARED BY:</b>	<b>PHONE / EMAIL:</b>	<b>DATE:</b>
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**SECTION E:**

<b>REQUESTOR SIGNATURE:</b>	<b>DATE:</b>
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I HEREBY CERTIFY THAT THIS IS THE MOST COST EFFECTIVE ACQUISITION TO MEET OUR TRANSPORTATION NEEDS AND SAID VEHICLE WILL BE USED IN ACCORDANCE WITH THE JUSTIFICATION ABOVE.

<b>REQUESTING DEPARTMENT DEAN / AVP AUTHORIZATION:</b>	<b>DATE:</b>
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<b>FLEET SERVICES PURCHASE APPROVAL AUTHORIZATION (MVI) :</b>	<b>DATE:</b>
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<b>FP&amp;M SR. AVP PURCHASE APPROVAL AUTHORIZATION:</b>	<b>DATE:</b>
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