



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

**Submit Completed Form to:
Facilities Customer Service
fmcustomer@cpp.edu
(909) 869-3030**

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. Requisition for Vehicle
2. Quote for Vehicle from Vendor
3. Vehicle Maintenance Request Form

SECTION B:

TYPE OF VEHICLE(S):	ADDITIONAL:	REPLACEMENT:	UNDERCOVER : YES ____ NO ____	TOTAL QTY:
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)

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

PREPARED BY:	PHONE / EMAIL:	DATE:
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SECTION E:

REQUESTOR SIGNATURE:	DATE:
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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.

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