

Fleet Manager Name

VEHICLE & MOTORIZED EQUIPMENT REQUEST FORM

Date

Fleet Services				IXI	LQULST TOMW
REQUESTOR INFORMATION Dept. / School / Org. / Program SpeedChart / Grant					
			оросиониту сти		
Name		Email			Phone
Ivaille		Lillali			Pilotie
TO BE PURCHASED					
FLEET USE ONLY	Year / Make / Model		Reason For Purcha	asing	
TO BE REPLACED					
Tag#	Year / Make / Model	TO BE KEI EACED	Reason For Purcha	asing	
NOTES & JUSTIFICATION					
Attached Quotes using State contract numbers refenced on quotes.					
Podret Manager Name		AUTHORIZATION	1		Data
Budget Manager Name		Signature		_	Date
Chair / Director Name		Signature			Date
Provost / VP Name		Signature			Date
		FLEET USE ONLY			

Signature