

**University of Massachusetts Amherst  
Vehicle Request Form**

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

Responsible Person: \_\_\_\_\_

Is this a Lease or Purchase? \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Justification (be specific): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimated number of miles per year? \_\_\_\_\_

Is this vehicle an addition to the fleet or does it replace an existing vehicle? Addition Y/N: \_\_\_\_\_

Replacement Y/N: \_\_\_\_\_ If replacement, please specify what vehicle it replaces: \_\_\_\_\_  
\_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Plate #: \_\_\_\_\_ M #: \_\_\_\_\_ VIN: \_\_\_\_\_

Funding Source: Account Name: \_\_\_\_\_ Fund #: \_\_\_\_\_

Speedtype: \_\_\_\_\_ Dept ID: \_\_\_\_\_

Is this grant funded? Y/N: \_\_\_\_\_

Contact Information Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Do you wish to purchase an Alternative Fuel Vehicle? Y/N \_\_\_\_\_

Vehicles which do not meet the requirements for alternative fueled vehicles will be assessed \$1,000 in accordance with DEP regulations. Read and Agreed: \_\_\_\_\_

Vehicles will be assessed an annual maintenance fee and must follow University guidelines for preventative maintenance and roadside assistance. Actual maintenance and roadside assistance charges shall be recharged to departments as they accrued. Read and \_\_\_\_\_ Agreed: \_\_\_\_\_

\_\_\_\_\_  
*FOR VEHICLE REVIEW BOARD ONLY*

Approved Y/N: \_\_\_\_\_ By: \_\_\_\_\_

Please state reason for not approving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

