

**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: _____

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: _____

