UNIVERSITY of HOUSTON
FACILITIES MANAGEMENT

VEHICLE PURCHASE/REPLACEMENT REQUEST

Fill in as much information as possible and obtain appropriate signatures.
Forward to Fleet Manager for consideration: Phys Plant –Automotive H1000 or 713-743-5698.

I. Requester Information		
1.Name:	2. Email Address:	3. Mail Code:
4. Mailing Address:	5. Phone:	6. Fax:
	7. Funding Source (check one): Institutional (local) ☐ Appropriated (state) ☐ Donated ☐	
	8. Estimated Cost or Budgeted amount:	

II. Current Vehicle Information **** (THIS SECTION ONLY FOR THE OLD VEHICLE BEING REPLACE) ****		
9. Year, Make, Model of vehicle being replaced:	10. Current Odometer Reading:	
11. License:	12. VIN:	13. Call Sign:
14. Current vehicle location (Building & Address where vehicle is normally parked):		

III. New Vehicle Information		
15. Vehicle type:	16. Alt. fuel:	17. Quantity of vehicles
18. Explain the justification for this vehicle (subject to review by the State): (a) Primary purpose the vehicle will serve: (b) How the vehicle will be used:		
19. (a) Proposed make and model of the vehicle: (b) Estimated trips and mileage per month:		
20. List any specifications and attachments that need to be added to this vehicle to accomplish the mission of your department (this will be used to help prepare the Purchase Order and be included in State mandated reporting requirements) (Attach additional sheets if needed):		

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IV. Accounting Information
21. Account number for Purchase:
22. Account number for Maintenance/Fuel:

V. Authorized Signatures		
Department Head Title: Print Name:	Signature:	Date:
Fleet Management Title: Fleet Services Manager Print Name: Shawn Rand	Signature:	Date:
Facilities Services Title: Sr AVC/AVP Facilities/Construction Mgmt Print Name David Oliver	Signature:	Date:
Purchasing Title: Director of Purchasing Print Name: Robert Adkins	Signature:	Date:

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This Information to Be Filled Out After All Approvals Have Been Obtained

1.	Will you need a UH Fueling account for fuel on campus?	☐ Yes	☐ No
2.	Will you need a commercial fuel & maintenance card?	☐ Yes	☐ No
3.	Would you like to be notified of scheduled Preventive Maintenance/State Inspection?	☐ Yes	☐ No
4.	Vehicle Contact person for notifications:		
	Name: _____		
	Phone: _____		
	Mail Code: _____		
	Email: _____		

Vehicle Setup Information ******* To Be Filled Out By Fleet Management Only *******			
Department Name on Vehicle:			
Call Sign#:	Work Order #:	Fuel Card #:	Inventory #:
Year:	Make:	Model:	Class Code:
License:	VIN:	Initial Odometer:	Primary Fuel:
SI Month:	PM Frequency:	Copy put in W.O. File:	Secondary Fuel: