



**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.  
 Once approved, forward a copy of this document to Purchasing Department with the requisition.

**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:	Signature:	Date:
Print Name:		
Fleet Management Title:	Signature:	Date:
Print Name:		
Facilities Services Title:	Signature:	Date:
Print Name:		
Purchasing Title:	Signature:	Date:
Print Name:		



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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: