

Fleet Services Request for Approval to Lease a State Vehicle

Agency Name: _____	Budget Account #: _____
Contact Name: _____	Telephone Number: _____
<p>Agencies must receive prior written consent to lease vehicles for State use. Please provide the following information:</p> <p>Number of vehicles requested: _____ Amount of the request: _____</p> <p>Mission of the requested vehicle(s): _____</p>	
<p>Were funds legislatively approved for the request?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, please provide the decision unit number:</p> <p>_____</p> <p>If no, please explain how the vehicles will be funded?</p> <p>_____</p>
<p>Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s):</p> <p><input type="checkbox"/> Addition(s) <input type="checkbox"/> Replacement(s)</p>	
<p>Was a cost benefit analysis on the lease vs purchase performed? Please attach.</p> <p>_____</p>	
<p>Please Complete for Replacement Vehicles Only: (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.)</p> <p><u>Current Vehicle Information:</u> Vehicle #1 Model Year: _____ Odometer Reading: _____ Type of Vehicle: _____</p> <p>Vehicle #2 Model Year: _____ Odometer Reading: _____ Type of Vehicle: _____</p> <p><i>Please attach an additional sheet if necessary</i></p>	<p>Does this request meet the replacement schedule criteria pursuant to SAM 1309? If no, explain why the vehicle is being replaced.</p> <p>_____</p> <p>If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade.</p> <p>_____</p>
<p>APPOINTING AUTHORITY APPROVAL:</p> <p>_____</p> <p>Agency Appointing Authority _____ Title _____ Date _____</p>	
<p>FLEET SERVICES' APPROVAL:</p> <p><input type="checkbox"/> Approved for lease <input type="checkbox"/> Not Approved for lease, alternative option provided</p> <p>_____</p> <p>Fleet Services _____ Date _____</p>	