



West Virginia
Department of Administration
Fleet Management

For Governors Office Use Only

Approved Declined

Signature

Title

Date

Vehicle Request

AGENCY INFORMATION

COORDINATOR NAME DEPARTMENT

AGENCY/BILL CODE

E-MAIL

PHONE NO. EXT DATE

FUND # DEPT # UNIT #

VEHICLE MISSION

What type of request is this? Replacement vehicle Increase to fleet Reassignment

JUSTIFICATION

Est. # of days per week used Est. # of miles per month used

CABINET SECRETARY APPROVAL DATE

VEHICLE PURCHASE

Type of vehicle: New Vehicle Used Vehicle Used Vehicle Mileage

Who owns this vehicle? Leased from Fleet Agency Owned DOC ID

MAKE MODEL

YEAR COLOR FUEL TYPE

NEW VEHICLE CLASS/DESCRIPTION

DEALERSHIP PURCHASE PRICE

VEHICLE PURPOSE:

USED VEHICLE VIN#

DECOMMISSIONED VEHICLE

MAKE MODEL

YEAR MILEAGE LICENSE #

VIN #

DECOMMISSIONING METHOD DEFERRED

JUSTIFICATION FOR DEFERRED

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APPROVED DECLINED

EXECUTIVE DIRECTOR, FMD DATE