

West Virginia Department of Administration Fleet Management

For Governors C	Office Use Only	***************************************
Approved	Declined	
Signature		
Title		Date

Vehicle Request

AGENCY INFORMATION	·		
COORDINATOR NAME	DEPARTMENT		
E-MAIL			
PHONE NO.	EXT	DATE	
FUND #	DEPT#	UNIT#	
VEHICLE MISSION			
What type of request is this? Repla	cement vehicle (go to next s		this section)
Est. # of days per week used	Est	t. # of miles per month used	
CABINET SECRETARY APPROVAL		DA	TE
/EHICLE PURCHASE	17/2004/04/2014/2014/2014		
Type of vehicle	cle Used Vehicle	Used Vehicle Mileage	
Who owns this vehicle? \Box Leased from	om Fleet 🗀 Agency Own	ed DOC ID	
MAKE	MODEL		
		FUEL TYPE	
	PURCHASE PRICE		
USED VEHICLE VIN#			
DECOMMISSIONED VEHICLE			
MAKE	N	1ODEL	
YEAR	MILEAGE		
DECOMMISSIONING METHOD JUSTIFICATION FOR DEFERRED		DEFERRED	
r FMO Office Use Only			
APPROVED DECLINED			
EXECUTIVE DIRECTOR, FMO		DATE	34-24-2

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FORM

DOA-FM-059 Revised (01 May 2018)