



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 (go to next section) Increase to fleet (fill in this section)
 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 _____