

University of Hawaii - Transportation Services

VEHICLE ACQUISITION/LEASING REQUEST

Requesting

Dep/Organization: _____ Date: _____

Address: _____

Contact person: _____ Phone#: _____

Vehicle to be located at: _____

Type of acquisition: () New purchase () Surplus () Lease

Vehicle to be used for: _____

Type of vehicle: _____

Number of passengers and/or type of cargo to be transported:

Type of terrain/roads to be traveled: _____

Special equipment or accessories required and justification:

Department vehicle assigned to: _____

Account number to be charged for purchase and/or registration/prep costs:

Trade-In vehicle description: _____

Amount allocated: \$ _____ Funds available on: _____

Recommended sources/vendors for solicitation of bids: _____

Department Approval (print name) _____ Fiscal Officer (print name) _____ FO Code# _____

Signature for Dept Approval _____ Date _____ Signature of Fiscal Officer _____ Date _____

Specs prep by: _____ Sent to: _____ Date: _____

UH IFB#: _____ UH CH#: _____ Lease approved? () YES () NO

COMMENTS: _____

Superintendent _____ Date _____ Manager _____ Date _____