

**UNIVERSITY OF LOUISVILLE
 REQUEST TO PURCHASE MOTOR VEHICLE
 See Purchasing Policy 18.00**

- DEPARTMENT NAME: _____
- VEHICLE ASSIGNMENT: _____ ~~AGENCY~~ _____ INDIVIDUAL
- VEHICLE DESCRIPTION(S): _____
- FLEX FUEL COMPLIANT: _____ ~~Y~~ ~~U~~ _____ ~~Y~~ ~~U~~
- ESTIMATED ANNUAL MILEAGE: _____
- PURCHASE TYPE QTY: _____ ~~SCHEDULED REPLACEMENT~~ _____ ~~EXPANSION~~ _____ ~~STOLEN/DAMAGED~~
- PLEASE DESCRIBE THE INTENDED USE AND NECESSITY OF THE VEHICLE: _____

- IMPACT ON UNIVERSITY SERVICES IF THE PURCHASE IS NOT APPROVED: _____

- TOTAL NUMBER OF VEHICLES REQUESTED: _____
- IS FUNDING FOR THE VEHICLE(S) APPROVED IN THE BUDGET? (Check One): YES NO
- LIST ANY ALTERNATIVES THAT YOU HAVE EXPLORED, i.e. SURPLUS PROPERTY, VEHICLE REPAIRS. ALSO, INDICATE WHEN THIS WAS DONE:

12. PLEASE PROVIDE FUNDING INFORMATION IN THE FOLLOWING TABLE:

| VEHICLE DESCRIPTION | FUNDING SOURCE | TOTAL |
|----------------------------|----------------|-------|
| | | |
| | | |
| | | |
| | | |
| | | |
| TOTAL PURCHASE COST | | |

13. INSURANCE REQUIREMENTS: CONTACT RISK MANAGEMENT AT 852-6925 FOR AUTO INSURANCE REQUIREMENTS FOR NEW VEHICLES.

APPROVALS FOR VEHICLES: Signature of requestor: _____

REQUESTED BY: This field requires the signature of the Dean or Vice President of the requesting department.

 DEAN OR VICE PRESIDENT OF REQUESTING DEPARTMENT Email Address Phone No.

APPROVED BY:

 VP of Finance/Chief Financial Officer

 Department of Procurement Services

Please complete form, get appropriate department signatures and forward to Procurement Services, Service Account. Email: purchase@louisville.edu