

Vehicle/Golf Cart Request Form

Please use this form to request and justify your department's vehicle/equipment needs. This form must be filled out and signed by the Department Budget Head and the department's respective Vice President and submitted to the Transportation Services Department before final approval occurs. Completed forms may be sent to the Transportation Services Department via email to transportationservices@pvamu.edu or delivered to the Transportation Center. NOTE: The department should not take any action to purchase the vehicle on their own. This function will be handled by Transportation Services directly.

Date of Request:		Department:	
Vehicle Type:CarTruck	Golf Cart	_ Small SUV Large SL	JV
Other:			
Is used equipment acceptable? _	No Yes		
Will this purchase replace old eq	uipment? N	o Yes Vehicle Num	ıber?
Justification for vehicle/equipme			
Total vehicles currently assigned			
Estimate monthly mileage:	Est	timate number of passeng	gers:
Estimate pounds of cargo:			
Proposed source of funding:			
Requestor:		Signature:	
	Арр	rovals	
ApprovedDer	nied	Approved	Denied
Budget Head	Date	Vice President	Date
For Transportation Center Use Only	Dete		
Request Approved Yes No Signature:	Date:		