

Fleet # _____
SAVA # _____
Approved _____
PO # _____
(Procurement use only)

**UNIVERSITY OF ARKANSAS
STATE VEHICLE REQUEST**

DEPARTMENT: _____

ADDRESS: _____

CONTACT FOR THIS REQUEST: _____ EMAIL: _____

TYPE OF REQUEST: Replacement _____ OR Addition to Fleet _____

VEHICLE REQUESTED (Complete either A or B):

A. Type from State Contract (_____) Options (_____)

Enter Type and Options from State Vehicle Contract

https://www.transform.ar.gov/state_contracts/new-vehicles/

B. Other (Non-State Contract) - Describe vehicle:

If vehicle is available under another type of contract (such as ArDOT), include name and number of contract: _____

VEHICLE TO BE REPLACED:

Year/Make/Model _____

VIN Number _____ License Number _____ Mileage _____

JUSTIFICATION:

DETAILED DESCRIPTION OF FUNDING SOURCE(S):

(Enter **Type**, such as General Revenue; and the **Source**, such as Tuition/Fees)

DEPARTMENTAL APPROVAL _____ DATE _____

VICE CHANCELLOR FINANCE & ADMINISTRATION _____ DATE _____

CHANCELLOR (if required) _____ DATE _____