

LONG-TERM VEHICLE ASSIGNMENT REQUEST

Purpose:

This form is used to request long-term assignment of a vehicle for official University business. Long-term is any request longer than 14 days. Per University Policy [BS20 University Vehicle Operations or Use](#), the Budget Executive and Financial Officer are justifying the need for a long-term assignment that cannot be met by periodic daily reservations from Fleet. Individuals/Departments must adhere to all aspects of Policy [BS20](#). Violations of [BS20](#) can result in denial of use and/or disciplinary action.

Any changes, modifications, or date extensions to the original request must have a new form submitted with signature of the Budget Executive and Financial Officer.

FOR FLEET USE:
Request Received: _____
Vehicle: _____
Reservation: _____
Completed: _____
Email Added: _____
Vehicle Location: _____

This request is:

Select one option below and complete all necessary information: <input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL VEHICLE # _____ <input type="checkbox"/> MODIFICATION VEHICLE # _____ <input type="checkbox"/> Cost Object Type _____ Cost Object # _____ <input type="checkbox"/> Dates _____ <input type="checkbox"/> Other _____	To be completed for all requests: <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 60%;">VEHICLE CLASS/TYPE</td> <td style="text-align: center; width: 40%;">Assignment Dates:</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none; text-align: center;">FROM _____ TO _____</td> </tr> </table> <input type="checkbox"/> Zero Deductible Requested (additional fee per month) Estimated Amount (Per Fiscal Year) _____	VEHICLE CLASS/TYPE	Assignment Dates:	_____	FROM _____ TO _____
VEHICLE CLASS/TYPE	Assignment Dates:				
_____	FROM _____ TO _____				

TO BE COMPLETED FOR ALL REQUEST TYPES:

Person responsible for reporting Monthly Mileages:

Name: _____ Address: _____

Phone: _____ Email: _____

Alternative Contact Information
(name, phone, and email):

There must be a request for EACH vehicle and can only be charged to ONE Cost Object. Please select the appropriate Cost Object type from the drop-down list and enter the corresponding Cost Object number and the appropriate General Ledger (GL) account number:

Cost Object Type: _____ Cost Object #: _____ GL Account #: _____

Principal Operator: (If used by numerous persons, type "POOL")

Name: _____ Address: _____

Detail of vehicle needs for conducting official University business and reasons why these needs cannot be met by periodic use of "pool" vehicles:

Precise University location where the vehicle will be parked in the evenings:

APPROVALS

Budget Executive Name: _____

Financial Officer Name: _____

Signature and Date: _____

Signature and Date: _____