

## VEHICLE PURCHASE/ REPLACEMENT REQUEST FORM

Fill in as much information as possible and obtain appropriate signatures.  
 Forward to UHCL-Asset Management ([GeneralAcctg@UHCL.edu](mailto:GeneralAcctg@UHCL.edu)), Department Head and Dean/Vice-President.  
 Once approved, forward a copy of this document to Purchasing Department.

### I. Requester Information

1. Name:	2. Email Address:	3. Mail Code:
4. Mailing Address:	5. Phone:	6. Fax:
	7. Funding Source (check one): Institutional (local)                      Appropriated (state)                      Donated	
	8. Estimated Cost or Budgeted amount:	

### II. Current Vehicle Information

**\*\*\*\* (THIS SECTION ONLY FOR THE OLD VEHICLE BEING REPLACE) \*\*\*\***

9. Year, Make, Model of vehicle being replaced:		10. Current Odometer Reading:
11. License:	12. VIN:	13. Tag Number:
14. Current vehicle location (Building & Address where vehicle is normally parked):		

### III. New Vehicle Information

15. Year, Make, Model of vehicle being purchased:		16. Odometer Reading:
17. License:	18. VIN:	19. Vehicle Type:
20. Quantity of Vehicles:		
21. Current vehicle location (Building & Address where vehicle is normally parked):		
22. Explain the justification for this vehicle (subject to review by the State):		
(a) Primary purpose the vehicle will serve:		
(b) How the vehicle will be used:		
(c) Estimated trips and mileage per month:		

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23. List any specifications and attachments that need to be added to this vehicle to accomplish the mission of your department (this will be used to help prepare the Purchase Order and be included in State mandated reporting requirements) (Attach additional sheets if needed):

### IV. Accounting Information

24. Account number for Purchase:

25. Account number for Maintenance/Fuel:

### V. Authorized Signatures

Department Head Title:	Signature:	Date:
Print Name:		
Dean/Vice President title: (if applicable)	Signature:	Date:
Print Name:		
Asset Management Title:	Signature:	Date:
Print Name:		
Additional Signatures:	Signature:	Date:
Print Name:		

### Vehicle Setup Information

**\*\*\*\* To Be Filled Out By Asset Management Only \*\*\*\***

Department Name on Vehicle:			
Title File #	Purchase Order #:	Fuel Card #:	Inventory #:
Year:	Make:	Model:	Class Code:
License:	VIN:	Initial Odometer:	Primary Fuel:

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<b>UHCL Replacement Goals</b>		
<b>Vehicle Type</b>	<b>Purpose</b>	<b>Replacement</b>
Sedans and Wagons	Staff or Client Transport	10 years / 100,000 miles
Light Trucks and SUVs	Basic Transport, Light Hauling	10 years / 150,000 miles
Passenger Vans	Staff or Client Transport	10 years / 200,000 miles
Cargo Vans	Cargo Hauling	10 years / 100,000 miles
University Police Department	Patrol	6 years / 150,000 miles
University Police Department	Investigations and Administration	8 years / 100,000 miles
University Police Department	Security	10 years / 125,000 miles