Print Form

Reset Form

OhioDAS
General Services
Office of Fleet Management

**NOTE: This document must accompany each purchase request to purchase or lease vehicles.**

**Requests for an ADDITIONAL vehicle(s) require a letter from head of agency justifying & approving an addition to the agency's fleet.**

# VEHICLE PURCHASE / LEASE JUSTIFICATION FORM

**Agency:** _____

**Person Completing This Form:** _____

**Telephone Number:** _____

**This Vehicle Request is a:** ☐ **REPLACEMENT** ☐ **ADDITION**

## SALVAGE VEHICLE INFO

**License #:** _____ **VIN:** _____

**Year:** _____ **Make:** _____ **Model:** _____

**Current Mileage:** _____ **Date:** _____

**Beginning Fiscal Year Mileage:** _____ **Miles Driven This Fiscal Year:** _____

## REPLACEMENT VEHICLE INFO

**Who will drive the vehicle? (Position/Title):** _____

**Other than the driver, how many passengers will the vehicle normally transport? (Positions/titles):**

_____

☐ **New Vehicle DAS authority** ☐ **New Vehicle exempt: Reason:** _____

**Give approximate number of miles to be driven per year:** _____

**Provide a brief narrative explaining what the vehicle will be used for and list any special equipment routinely transported:**

_____

**Will the vehicle be used to commute?** ☐ **YES** ☐ **NO**

**If yes, estimated yearly commute mileage:** _____