

University of Minnesota – New Vehicle Request Form

To request a new lease or department owned vehicle, email this completed form to fleetsrv@umn.edu. A Fleet Services representative will contact the requester within three business days to discuss the request in detail. Vehicle ordering process from vehicle order to delivery takes a minimum of 120 days. **Questions marked with an asterisk (*) require a complete response.**

*Department or business unit requesting the vehicle: _____

*Will the vehicle be leased or purchased? Leased Purchased Uncertain

*Desired type of vehicle:

- | | | | | |
|---|--|--------------------------------------|--|-----------------------------------|
| <input type="checkbox"/> COMPACT CAR | <u>CARGO VAN</u> | <u>PICKUP TRUCK</u> | <u>PICKUP TRUCK (CONT.)</u> | <u>ALTERNATIVE FUEL</u> |
| <input type="checkbox"/> MID-SIZE CAR | <input type="checkbox"/> MINI CARGO | <input type="checkbox"/> REGULAR CAB | <input type="checkbox"/> 1/2 TON | <input type="checkbox"/> HYBRID |
| <input type="checkbox"/> FULL-SIZE CAR | <input type="checkbox"/> 1/2 TON CARGO | <input type="checkbox"/> SUPER CAB | <input type="checkbox"/> 3/4 TON | <input type="checkbox"/> ELECTRIC |
| <input type="checkbox"/> MINI UTILITY VEHICLE | <input type="checkbox"/> 3/4 TON CARGO | <input type="checkbox"/> CREW CAB | <input type="checkbox"/> 1 TON | <input type="checkbox"/> E85 |
| <input type="checkbox"/> MINIVAN | <input type="checkbox"/> 1 TON CARGO | <input type="checkbox"/> 4X4 | <input type="checkbox"/> STAKE BED TRUCK | |
| <input type="checkbox"/> SUV | | | | |
| <input type="checkbox"/> OTHER (PLEASE SPECIFY) _____ | | | | |

If this vehicle will replace an existing vehicle, please enter the Vehicle ID: _____

***If this is not replacing an existing vehicle and needs a parking contract, contact Parking & Transportation Services 612-625-7275

*Briefly describe the purpose of trips made with this vehicle: _____

Briefly describe any add-on equipment the vehicle may require (e.g., hitch, shelving, lighting, etc.): _____

*Dept. Accountant or Principal Investigator (PI):

NAME: _____ EMAIL: _____ DIRECT PHONE: _____

*Requester Name: _____

*Requester Email: _____ *Requester Phone: _____

*Requester Signature^{1,2}: _____ *Date: _____

*Dept. Head Name: _____

*Dept. Head Email: _____ *Dept. Head Phone: _____

*Dept. Head Signature^{1,2}: _____ *Date: _____

¹Both the requester signature and Department Head or PI signature must be on this form before Fleet Services will research available vehicles
²Once Fleet Services has ordered the new vehicle for the above department per this submitted New Vehicle Request Form, the above department is committed to the terms of the lease. The minimum term is one year.