

UNIVERSITY OF HAWAI'I @ HILO
Auxiliary Services

VEHICLE ACQUISITION FORM

Type of Acquisition:

- New Purchase * Replacement * Surplus/Donation * Lease (more than 12 months)

*Vehicle acquisitions must comply with the Federal Alternative Fuel Transportation Program [10 CFR Part 490] Energy Policy Act of 1992

Requesting Department: _____

Date of Request: _____ **Address:** _____

Contact Person: _____ **Phone Number:** _____

Type of Vehicle Requested:

- Sub-Compact Compact Larger than compact or specialized vehicle (provide a justification):

Number of Vehicle Units Requested: _____

Special Requirements:

1. Air Conditioning: YES NO (IF YES, provide justification below)

Assignment and Storage:

Vehicle will be assigned to: _____ (Department/Program Name)

Vehicle will be stored at: _____ (Island and Address)

Application/Purpose:

1. Intended use of vehicle: _____
2. Number of passengers to be transported: _____
3. Type of cargo to be transported: _____
4. Type of terrain to be traveled: _____
5. Reference the attached "New/Replacement Vehicle Acquisition Eligibility Criteria" for the following:
 - a. What **User Group** do you belong to? Specialized Vehicle Daily User
 Facilities, Grounds, Safety, & Service Off-campus Commuter Federal/Private Grant Funding
6. How many miles on average do you anticipate traveling annually?
 Over 10,000 miles/year Between 8,500-10,000 miles/year Under 8,500 per year

Funding Authorization:

If the vehicle will be acquired with funds appropriated by the State Legislature, complete Item No. 1. If not, proceed to Item No. 2.

1. Vehicle will be acquired with funds appropriated by the State Legislature:
 - a. Means of financing
 General Special Federal Revolving

REQUEST FOR APPROVAL OF VEHICLE ACQUISITION(S)

(Attachment to Vehicle Acquisition Form)

Type of Vehicle Requested: _____

Source of Funds and Account Code: _____

Purpose and Justification for Vehicle Acquisition:

How will this vehicle support the University's missions, goals and objectives?

Impact if Deferred:

Explain why the alternatives listed in the "Eligibility Criteria" cannot meet the organization's transportation needs (also include a cost analysis/comparison of each alternative):

VALIDATION:

I verify the accuracy of the above information and certify that this acquisition supports the University Program indicated in the Source of funds and Account Code section.

Approving Authority

Typed Name

Title

Date