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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | **Office of Risk Management**  Akron, OH 44325-9001  (330)-972-7340 Office  (330)-972-5564 Fax | | | | | | | |
|  | | | | | | | | | | |
| **VEHICLE PROCUREMENT AUTHORIZATION FORM** | | | | | | | | | | |
|  | | | | | | | | | | |
| **Please complete each field below, provide “potential” driver information on the second page of this document, and obtain the appropriate signatures at the bottom of this page before sending a requisition to the Department of Purchasing for further processing. The Department of Purchasing will forward this form to the Office of Risk Management for proper notification to insurance carriers.** | | | | | | | | | | |
|  | | | | | | | | | | |
| Type of Vehicle: | |  | | | | | | | | |
|  | | (Make, Model, Style, Year, etc.) | | | | | | | | |
|  | | | | | | | | | | |
| Estimated Price: | |  | | | |  | | | | |
|  | | | | | | | | | | |
| Is this an additional vehicle or a replacement vehicle? | | | | | | Additional | | | Replacement | |
|  | | | | | | | | | | |
| Responsible Department: | | | |  | | | | | | |
|  | | | | | | | | | | |
| Responsible Individual: | | | |  | | | | | | |
|  | | | | | | | | | | |
| Purpose of Use: | | | |  | | | | | | |
|  | | | | | | | | | | |
|  | | | |  | | | | | | |
|  | | | | | | | | | | |
| Where will the vehicle be kept overnight? | | | | |  | | | | | |
|  | | | | | | | | | | |
| Where will the vehicle be kept when not in use? | | | | |  | | | | | |
|  | | | | | | | | | | |
| Will the vehicle possibly leave campus? | | | | | Yes | | No | | | |
| (If yes, describe the anticipated type and frequency of trips beyond a fifty mile radius from campus.) | | | | | | | | | | |
|  | | | | | | | | | | |
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|  | | | | | | | | | | |
| Anticipated total usage: | | | | miles/year | | | | | | |
|  | | | | | | | | | | |
| **University vehicles may only be used in the execution of University business. No personal use of University vehicles is permitted.** | | | | | | | | | | |
|  | | | | | | | | | | |
| Requested by: |  | | | | | | |  | |  |
|  | (Signature) | | | | | | | | | (Date) |
|  | | | | | | | | | | |
|  |  | | | | | | | | |  |
|  | (Print Name) | | | | | | | | |  |
|  | | | | | | | | | | |
| Approved by: |  | | | | | | |  | |  |
|  | (Signature - Must be the President, Provost or a Vice President) | | | | | | | | | (Date) |
|  | | | | | | | | | | |
|  |  | | | | | | | | |  |
|  | (Print Name) | | | | | | | | |  |

**PLEASE LIST ALL POTENTIAL DRIVERS OF THIS VEHICLE**

(Note: All drivers must be approved before operating any University vehicle.)

|  |  |  |
| --- | --- | --- |
| **NAME** | **DRIVER’S LICENSE #** | **DATE OF BIRTH** |
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