|  |  |
| --- | --- |
|  | **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.) |
|  |
|       |
|  |
|       |
|  |
| 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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