

Vehicle Assignment Request Form

Department: _____ Org Code: _____

Vehicle Class: Car Van Pick-up Straight Truck Box Truck UTV
 Other _____

Vehicle Type: Passenger Cargo Utility
 Special Purpose _____

Vehicle Grade: Light Duty Commercial Other _____

Vehicle Rating: 1500 2500 3500 4500 5500
 Other _____

Estimated Weekly Miles Driven: _____ Expected Weekly Trips: _____

Estimated Weeks Used in a Calendar Year: _____

The intended purpose of the vehicle, and how it will benefit the department.

Supervisor Signature _____ Date _____

Vice President/ Dean Signature _____ Date _____