UNIVERSITY of HAWAI'I® MĀNOA
FLEET SERVICES

VEHICLE ACQUISITION REQUEST

Type of Acquisition ☐ **New Purchase*** ☐ **Replacement*** ☐ **Surplus/Donation*** ☐ **Long-Term Rental (7 years minimum)**

*O'ahu vehicle acquisitions must comply with the Federal Alternative Fuel Transportation Program [10 CFR Part 490] Energy Policy Act of 1992 Neighbor Island acquisitions must comply with Hawai'i Revised Statutes §103D-412 Light-duty motor vehicle requirements

Requesting Department	**Date of Request**
Address	
Contact Person	**Phone Number**

TYPE OF VEHICLE REQUESTING AND PURPOSE

☐ **Sub-Compact** ☐ **Compact** ☐ **Larger than compact/specialized vehicle (provide justification)**

Number of Vehicle Units Requesting	**Air Conditioning** ☐ **No** ☐ **Yes (provide justification)**
Department/Program Vehicle Will Be Assigned To	**Vehicle Will Be Stored At (Island and Address)**
Intended Use of Vehicle	**Number of Passengers**
Type of Cargo Transporting	**Type of Terrain To Be Traveled**

User Group (Reference the attached "New/Replacement Vehicle Acquisition Eligibility Criteria")
☐ **Specialized Vehicle** ☐ **Daily User** ☐ **Facilities, Grounds, Safety & Service**
☐ **Off-campus Commuter** ☐ **Federal/Private Grant Funding**

Average Miles Planning on Traveling Annually
☐ **Over 10,000 miles/year** ☐ **8,500-10,000 miles/year**
☐ **Under 8,500 miles/year**

FUNDING AUTHORIZATION

Means of Financing (Answer only if vehicle will be acquired with funds appropriated by the State Legislature)
☐ **General** ☐ **Special** ☐ **Revolving**
☐ **Other**

Are funds budgeted and allocated to your program for vehicle acquisition? ☐ **Yes** ☐ **No**

If sponsored research or training funds will be used, does the proposed vehicle acquisition certify with applicable sponsor terms or conditions? ☐ **Yes** ☐ **No**

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TO BE VERIFIED AND COMPLETED BY APPLICANT'S FISCAL OFFICER

I verify the accuracy of the information provided on this form and certify that sufficient funds are available in this account for thisacquisition and that this acquisition is in accordance with applicable Transportation Services and University of Hawai'i policies and procedures.

Signature of FIscal Officer	**Date**
Printed Name of Fiscal Officer	**FO Code**

TO BE VERIFIED AND COMPLETED BY DEAN/DIRECTOR

☐ **Approved**	**This acquisition is approved in accordance with applicable Transportation Services and University of Hawai'i policies and procedures.**
☐ **Not Approved**	**This acquisition is not approved.**

Signature of Dean/Director	**Printed Name of Dean/Director**	**Date**

For office use only

The vehicle(s) on this acquisition form has been evaluated for appropriateness for the stated intended use and purpose and deemed asfollows

☐ **Approved** ☐ **Not Approved**	**Comments**

Signature of Fleet Manager or Assistant Manager	**Date**

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VEHICLE ACQUISITION APPROVAL REQUEST ATTACHMENT

Type of Vehicle Requeted
Source of Funds and Account Code

University units shall meet established eligibility requirements in order to receive approval to purchase an activity ownedvehicle. These requirements shall include, but not be limited to a careful analysis of need and future recurring costsof the vehicle. This analysis shall be provided via memorandum to UHM Fleet Services in addition to submitting the vehicle acquisition request form.

A memo on department letterhead (signed by Chair/Director/Dean) shall answer the following questions (in detail):

- Purpose and Justification(s) for Vehicle Acquisition
- How will this vehicle support the University's missions, goals and objectives?
- College/Department Impact if vehicle is Deferred
- Explain why the alternatives cannot meet the organization's transportation needs

  Transportation alternatives may include:
  - Short-term rental of vehicle from the UHM Fleet Services
  - Use of daily Campus Mail Services on-campus delivery
  - Use of on-campus Rainbow Shuttle system
  - Implementation of a vehicle sharing agreement within a department or within a building
  - Use of on-campus Enterprise CarShare program
  - Leasing a vehicle
  - Use of car allowance or mileage reimbursement provisions
  - Walking to destination(s)
  - Public transportation

- Comprehensive Cost Analysis/Comparison of each alternative (also include the initial acquisition cost of the vehicle, annual insurance premiums, repair and maintenance costs, fuel costs, future replacement cost, and other reoccurring costs)

VALIDATION

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

Signature of Approving Authority	**Title**
Print Name	**Date**