

Fleet Acquisition Form

To purchase a fleet unit, please submit this completed form to fleet@mun.ca:

Contact Information:

Contact name: _____ Phone number: _____

Department name: _____ Date (YYYY-MM-DD): _____

Funding:

Funding source:

- Operating/ancillary funds: ☐
- Grant funds: ☐

FOAPAL from which vehicle will be purchased/leased:

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FOAPAL from which insurance, fuel, maintenance, and operations will be charged:

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Fleet Specifications:

Is this a request for a new (additional) fleet unit or for the replacement of an existing unit? Is this a purchase, lease or long-term rental?

- New: ☐
- Replacement: ☐ Unit #: _____ Year: _____ Mileage: _____
 - Purchase: ☐
 - Lease: ☐
 - Specify lease term (months): _____
 - Long-term rental:
 - Specify required length or rental: _____

What type of fleet unit is being requested? _____

Describe the specific activities/tasks that will be performed with the requested fleet unit:

Where will the fleet unit be housed? _____

Are there any size or weight restrictions?

- Yes: ☐ (specify (lbs./kgs.) _____)
- No: ☐

All vehicles are ordered with the following standard options: air conditioning, AM/FM radio, automatic transmission, power windows and locks, tilt steering wheel and rear anti-lock brakes (ABS). Please note that all vehicles are ordered in the colour white, and winter tires and protective undercoating are mandatory.

Please indicate which of the following additional specifications are required:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> sedan | <input type="checkbox"/> crew cab | <input type="checkbox"/> ¼ tonne | <input type="checkbox"/> power seats |
| <input type="checkbox"/> SUV | <input type="checkbox"/> regular cab | <input type="checkbox"/> ½ tonne | <input type="checkbox"/> seats: cloth |
| <input type="checkbox"/> van | <input type="checkbox"/> extended cab | <input type="checkbox"/> ¾ tonne | <input type="checkbox"/> seats: vinyl |
| <input type="checkbox"/> cargo van | <input type="checkbox"/> plastic bed liner | <input type="checkbox"/> 1 tonne | <input type="checkbox"/> floor: carpet |
| <input type="checkbox"/> pickup truck | <input type="checkbox"/> spray-in bed liner | <input type="checkbox"/> 4 cylinder | <input type="checkbox"/> floor: rubber |
| <input type="checkbox"/> utility truck | <input type="checkbox"/> gasoline | <input type="checkbox"/> 6 cylinder | <input type="checkbox"/> work lights |
| <input type="checkbox"/> flat bed | <input type="checkbox"/> diesel | <input type="checkbox"/> 8 cylinder | <input type="checkbox"/> 4-corner strobe lights |
| <input type="checkbox"/> long bed | <input type="checkbox"/> hybrid | <input type="checkbox"/> two-wheel drive | <input type="checkbox"/> backup camera |
| <input type="checkbox"/> short bed | <input type="checkbox"/> mounted winch | <input type="checkbox"/> four-wheel drive | <input type="checkbox"/> backup alarm |
| <input type="checkbox"/> cab and chassis | <input type="checkbox"/> trailer hitch receiver | <input type="checkbox"/> all wheel drive | <input type="checkbox"/> arrow board |
| <input type="checkbox"/> toolbox | | <input type="checkbox"/> auxiliary 12-volt plug | <input type="checkbox"/> cone holder |

Please list any needed equipment not listed above (e.g., lift gate, emergency lighting package, light bar, adaptive driving equipment, etc.). Please attach brochures if applicable.

Authorizations:

Unit Head Departmental Approval:

Name: _____ Signature: _____

*Please submit to fleet@mun.ca. Facilities Management will obtain the following signatures.

Fleet Lead at Facilities Management Approval:

Name: _____ Signature: _____

Vice President (Administration, Finance and Advancement) Approval:

Name: _____ Signature: _____