

Vehicle Acquisition Form

This form is required for vehicle purchase.



OHIO
UNIVERSITY

* 1. Department Information

Department Name	Contact Person
Telephone	E-mail Address
Address	
Fiscal Contact	E-mail Address
Telephone #	Fax #

* 2. Vehicle Information

OHIO encourages departments to consider the purchase of an alternative fuel vehicle to help support campus sustainability goals and assist with meeting our Carbon Commitment.

* a.) Describe general use of vehicle: _____

* b.) Vehicle will be used (check all that apply):
_____ off & on campus _____ on campus only
_____ off campus only _____ out of state

* c.) Check one of the following:

_____ This vehicle will be used as a pool vehicle for departmental staff.

_____ This vehicle will primarily be used by (position name)

_____ Other

* d.) When not in use, vehicle will be parked: _____

(List address)

* e.) This vehicle is a : _____ replacement _____

(List license and VIN of vehicle being replaced)

_____ trade in _____

(List license and VIN of vehicle being replaced)

_____ additional vehicle

* f) Type of fuel used by vehicle: _____

* g.) Extra options ordered (Please list) _____ Yes _____ No

if yes, _____ permanently attached? _____ removable?

(List other options)

* h.) Passenger Capacity: _____

* i.) Type of terrain: _____

j.) Body type: _____

k.) Class: _____

- l.) Transmission: _____
- m.) Engine type: _____
- n.) Cylinders: _____
- *o.) Manufacturer: _____
- *p.) Model: _____
- *q.) Model year: _____
- *r.) Interior color: _____
- *s.) Exterior color: _____

*** 3. Warranties (Please define all warranties purchased.)**

- a) _____ Bumper to bumper for: _____ years _____ miles
- b) _____ Extended warranties: _____
(What does it cover)
- c) _____ No warranties (Purchased as is):

4. How long do you expect to retain vehicle?

- a) Projected number of days vehicle used per year _____ Days
- b) Planned number of years of use _____ Years _____ Depreciation Years
- c) Projected annual mileage _____ Miles
- d) Lease _____ Estimated Resale Value

5. Method of Payment Part 1 (Please choose one.)

- | | |
|---|--|
| <ul style="list-style-type: none"> a) _____ Purchased <ul style="list-style-type: none"> i.) _____ Bid
 _____ Purchased Direct (Under \$25,000)
 _____ State Contract
 _____ Other ii.) _____ Vendor's Name
 _____ Address

 _____ Phone iii.) _____ Financed
 _____ Cash b) _____ Received as Donation <ul style="list-style-type: none"> i.) _____ Vendor's Name
 _____ Address

 _____ Phone | <ul style="list-style-type: none"> c) _____ Leased <ul style="list-style-type: none"> i.) _____ Vendor's Name
 _____ Address

 _____ Phone
 _____ Leaseholder's Name
 _____ Address

 _____ Phone d) _____ Research Grant e) _____ Foundation Grant |
|---|--|

5. Method of Payment Part 2.

- a) _____ Purchase Price of Vehicle
- b) _____ Finance/Lease Fees
- c) _____ Total Cost

6. General Ledger Account for Acquisition Costs

_____	Entity	_____	Source	_____	Org
_____	Activity	_____	Function	_____	Object

Account for Maintenance & Fueling Expenses - Only complete if different than account listed above:

_____	Entity	_____	Source	_____	Org
_____	Activity	_____	Function	_____	Object

7. Grant Account for Acquisition Costs

_____	Project	_____	Task	_____	Award
					Expenditure

Account for Maintenance & Fueling Expenses - Only complete if different than account listed above:

_____	Project	_____	Task	_____	Award
					Expenditure

8. Service Questions

- a) Do you have decals or University logos for front doors of the vehicle? Yes No
- * if yes, please forward vehicles to Transportation & Parking Services for decal application.
- b) Do you need additional keys? Yes Quantity No
- Would you like Transportation & Parking Services to retain a spare set of keys? Yes No

Vice President/Dean/CFAO Date

Director of VPFA Auxiliary Services Date