**FLEET SERVICES**
Vehicle Order Request Form

Scan and e-mail to: jdavenport@ucmerced.edu or fax to Jason Davenport at 228-4731

**UC Merced Ordering Criteria**

UC Merced Fleet Services is committed to ordering vehicles based on the following criteria:
- Sustainability and environmental impact
- Expected cost of ownership
- Safety and reliability
- Local and consumer oriented vendor
- Right size for usage
- Miles per gallon
- Warranty
- Expected resale value
- Flex or alternative fuel availability
- Price

<table>
<thead>
<tr>
<th>Department Name</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>☐ Replacement Vehicle (start at Section 1)</td>
<td>☐ New Vehicle Request (skip to Section 2)</td>
</tr>
</tbody>
</table>

### 1. Existing Vehicle Information

<table>
<thead>
<tr>
<th>Vehicle #</th>
<th>Year/Make/Model</th>
<th>Current Odometer Reading</th>
<th>Date</th>
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<tbody>
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### 2. Requested Vehicle Information

- ☐ Golf Cart
- ☐ Utility Vehicle
- ☐ Sedan
- ☐ SUV
- ☐ Small Van
- ☐ Regular Van
- ☐ Small Pick-up Truck
- ☐ Medium Duty Truck
- ☐ Other

### 3. Alternative Fuel Type Requested

- ☐ CNG
- ☐ Battery
- ☐ Hybrid
- ☐ Flex-fuel
- ☐ Bio-diesel
- ☐ Diesel
- ☐ Propane
- ☐ Solar
- ☐ Gasoline
- ☐ Other

### 4. Budget and Payment

- ☐ One Payment
  - Amount Budgeted: $__________
- ☐ Monthly Payment
  - Amount Budgeted: $__________

**Preference:**
- ☐ Loan
- ☐ Lease
- ☐ One Payment
- ☐ Undecided

### 5. Additional Information

*Why do you need a new/replacement vehicle:*

*What specifications are you looking for (4WD, passenger seating, MPG, etc):*

*Accessories/Add-ons needed (hitch, lift gate, bed liner, roof rack, etc):*

*General Comments/Why specific make/model:*

- Requested by: ____________________
- Dept. Manager: ____________________

### 6. For Fleet Services/Purchasing Use Only

- Fleet Approved by: ____________________
- Requisition #: ____________________
- Purchase Approved by: ____________________
- Date: ____________________