

VEHICLE ACQUISITION REQUEST FORM

Date: _____ Department: _____

Vehicle Type: _____ Vehicle Model: _____

Justification of vehicle

Source of funding: () Grant () CNM Motor Pool fund () Department () Donation () Others

Is this acquisition replacement of another CNM vehicle? () Yes () No

This acquisition will add to fleet? () Yes () No

Is this acquisition under the General Pricing Agreement? () Yes () No

If the intended vehicle requires any modifications, specialized equipment or accessories, please describe

Does this vehicle use alternative fuels? () Yes () No

Dean or Director _____ Date _____

Individual Departments are responsible for purchasing any accessories or after-market modifications for the vehicle.

Approved () Denied ()

Comments:

Parking and Fleet Director _____ Date _____



Central New Mexico Community College

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