

KANSAS STATE UNIVERSITY
Manhattan, Kansas

MOTOR VEHICLE REQUEST

Department's Name _____ Date _____

Fund Name _____ KSU Project No. _____

1. Purchase of the following motor vehicle from the above fund and account is requested.

Quantity	Car, Truck or Other	Make	Body Style	Model Year	New or Used	Date Desired	Estimated Cost
<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>

2. Intended Use.

3. Justification of need.

4. Explain why department vehicles or University Facilities Motor Pool vehicles cannot be used.

5. Estimate of miles that the requested vehicle will be driven:

January _____	April _____	July _____	October _____	TOTAL FOR
February _____	May _____	August _____	November _____	THE YEAR
March _____	June _____	September _____	December _____	_____

6. Vehicle to be replaced. If none, so indicate.

K.S.U. Veh. No.	Make	Body Style	Model Year	Date Placed In Service	Odometer Reading		Total Miles Operated
					Beginning	Present	
<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>

7. Recommended & Approved:

8. K-State Purchasing

Department Head

Minute No. Dated

Provost, Vice President, Dean or Director

Vice President for Administration and Finance