



## FY20 Requisition for Leased Vehicle (con't)

<b>Lease Term:</b>	Estimated Yearly Mileage:	
<hr/>		
<b>Driver Information</b>		
Various Drivers	Driver Name (if assigned):	
Address:	Phone Number:	
City :	State:                      Zip:	
Email:		
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<b>Vehicle Overnight Parking Location:</b>		
Address:		
City :		
State:	Zip:	
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<b>Additional Billing Information (Optional)</b>	Invoice/Program/Order #:	
<b>Unit Level 1:</b>	<b>Unit Level 2:</b>	<b>Unit Level 3:</b>
<p><i>Customer agrees vehicle lease rates will begin at the time vehicle is picked up <u>or</u> 10 days from receipt of notification the new vehicle is ready for pickup, whichever comes first.</i></p>		
Signature of Fleet Administrator: _____		Date: _____
Signature of Authorized Signer: _____		Date: _____
Signature of Agency Commissioner: _____		Date: _____
<i>(Commissioner signature required for vehicles not meeting the Green Fleet Choice.)</i>		

**FLEET SERVICES USE ONLY:**

<b>Unit #:</b>	PO #:	<input type="checkbox"/> ML Draw	<input type="checkbox"/> Political Sub	<input type="checkbox"/> No Telematics
		<input type="checkbox"/> 5100 Fund	<input type="checkbox"/> No Transit Tax	<input type="checkbox"/> No Fuel Card
Tech Spec:	ML Term:	Class 5:	Profile:	
Upfit Desc:	Capital Adjustment / Chargeback	Vendor:	Upfit PO:	
<b>Request #:</b>	<b>Plate #:</b>	<b>Mileage:</b>	<b>Pick Up Date:</b>	