

REQUEST TO PURCHASE, DISPOSE OR RETAIN STATE-OWNED VEHICLES

From: _____

 Date: _____

To: State Budget and Control Board
 State Fleet Management
 1430 Senate Street 3rd Floor
 Columbia, South Carolina 29201-3710

SECTION I Request to Purchase

Bid Out _____ Yes No Vendor name(s) _____
 (submit up to three quotes)

Fleet Addition _____ Yes No (If Yes, reference step E or If No, reference Section II)

New: Description - _____ Procured from: _____
 (i.e. Sedan, Van, Truck, Trailer...) (i.e., dealer name)

Purchase Order # _____

Used: Description - _____ Procured from: _____
 (i.e. Sedan, Van, Truck, Trailer...) (i.e. Surplus Property, Bid, Contract Vendor)

Serial # _____ Tag # _____ Mileage _____ Empty Weight _____

- A. Make _____ Model _____ Body Style _____ Year _____
- B. This vehicle is to be assigned to: _____ (Agency #), _____ (Agency Name), Agency Division # _____
- C. Annual Official Miles (estimated amount of miles to be traveled with this vehicle?) _____
- D. Source used to procure this vehicle are available from: **State Appropriations:** \$ _____ (Actual) \$ _____ (Estimated)
Federal: \$ _____ (Actual) \$ _____ (Estimated) **Other:** (i.e. USSA Vehicle, Loan, Gift: \$ _____)
- E. Give complete justification in accordance with Chapter 7, State Motor Vehicle Management Manual. If a fleet addition, agency director must certify that no vehicle is available to reassign to fill this need. (For multiple or fleet purchases give required information on additional sheets). _____
- F. The State standard fleet sedan or station wagon is a compact model. Requests for special fleet sedans or station wagons (Intermediate model) must be justified in writing. Please attach justification.

SECTION II Request for Disposal/Retention

Disposal Retention**
 Tag Number _____ Make _____ Model _____ Body Style _____ Year _____
 Serial Number _____ Mileage _____ New Cost \$ _____
 Present Estimated Value \$ _____
 Name and telephone number of person to contact: _____

**Old vehicle must be disposed of within 90 days of placement in service of replacement vehicle, unless one-year retention is approved by SFM. Submit on separate page detailed justification why your agency needs to retain this vehicle.

SECTION III Special Instructions for procured vehicle(s)

Request for vehicle tag exemption (a.k.a., Confidential Tag): Yes No (Must attach a completed SFM Form 1-79)
 Request for vehicle to be permanently assigned to a driver: Yes No (Must attach a completed SFM Form 980-R)

Agency or Institution Head

SECTION IV Action By Budget & Control Board

Approved _____ Disapproved _____
 _____ Date _____ Signature _____