

# Vehicle Acquisition Form

This form is required for the vehicle purchase.

\* indicates required field



## \*1. Department Information

Department Name	Contact Person
Telephone	E-mail Address
Address	
Fiscal Contact	E-mail Address
Telephone #	Fax #
D- Department #	

## \*2. Vehicle Information

- \* a.) Describe general use of vehicle: \_\_\_\_\_
- \* b.) Vehicle will be used (check all that apply):  
\_\_\_\_\_ **off & on campus** \_\_\_\_\_ **on campus only**  
\_\_\_\_\_ **off campus only** \_\_\_\_\_ **out of state**
- \* c.) Check one of the following:  
\_\_\_\_\_ This vehicle will be used as a pool vehicle for departmental staff.  
\_\_\_\_\_ This vehicle will primarily be used by (position name) \_\_\_\_\_.  
\_\_\_\_\_ Other
- \* d.) When not in use, vehicle will be parked: \_\_\_\_\_  
\_\_\_\_\_  
(List address)
- \* e.) This vehicle is a: \_\_\_\_\_ **replacement** \_\_\_\_\_  
(List license and VIN of vehicle being replaced)  
\_\_\_\_\_ **trade in** \_\_\_\_\_  
(List license and VIN of vehicle being traded in)  
\_\_\_\_\_ **additional vehicle**
- \* f.) Type of fuel used by vehicle: \_\_\_\_\_
- \* g.) Extra options ordered (Please list): \_\_\_ Yes \_\_\_ No  
If yes, \_\_\_\_\_ permanently attached? \_\_\_\_\_ removable?  
(List other options)
- \* h.) Passenger Capacity: \_\_\_\_\_
- \* i.) Type of terrain: \_\_\_\_\_
- j.) Body type: \_\_\_\_\_
- k.) Class: \_\_\_\_\_
- l.) Transmission: \_\_\_\_\_
- m.) Engine type: \_\_\_\_\_
- n.) Cylinders: \_\_\_\_\_
- \* o.) Manufacturer: \_\_\_\_\_
- \* p.) Model: \_\_\_\_\_
- \* q.) Model year: \_\_\_\_\_
- \* r.) Interior color: \_\_\_\_\_
- \* s.) Exterior color: \_\_\_\_\_

## \*3. Warranties (Please define all warranties purchased.)

- a) \_\_\_\_\_ Bumper to bumper for: \_\_\_\_\_ years \_\_\_\_\_ miles
- b) \_\_\_\_\_ Extended warranties: \_\_\_\_\_  
(What does it cover)
- c) \_\_\_\_\_ No warranties (Purchased as is):

## \*4. If vehicle will be used for any non-University business, please indicate operator name and OSU ID/SSN below and attach authorization from department with completed supplemental vehicle request.

- a) Not applicable \_\_\_\_\_
- b) \_\_\_\_\_  
Operator name
- c) \_\_\_\_\_  
OSU Employee ID or Drivers License & State
- d) Is there a special license required to operate this vehicle?  
i.) \_\_\_\_\_ No  
ii.) \_\_\_\_\_ Yes  
(If yes, please explain.) \_\_\_\_\_



# Vehicle Acquisition Cost Comparison Worksheet

## General Use Information

A	Projected number of days vehicle will be used annually	
B	Projected annual miles	
C	Planned number of years vehicle will be in use	
D	Projected lifetime mileage	
E	Projected lifetime days of use	

## Acquisition Costs

1	Purchase price of vehicle	
1a	Interest on purchase (if master lease or financed)	
2	Lease price for life of vehicle (include leasing fees)	
3	Estimated annual maintenance cost	
4	Estimated lifetime maintenance cost	
5	Estimated annual fuel costs	
6	<b>Purchase</b> - Total operational and purchase lifetime cost	
7	<b>Lease</b> - Total operational and lease lifetime cost	
8	Less trade in value (for purchases only)	
9	Adjusted Operational and Purchase Lifetime Cost	

Cost Comparison	Lifetime
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F	<b>Purchase</b> and Operational Cost	
G	<b>Lease</b> and Operational Cost	
H	Daily <b>Rental</b> Fees	
I	<b>Reimbursement</b> for Personal Miles	

The least costly option is the preferred means of acquisition of a state vehicle. If more expensive means is requested, please provide an explanation below.

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If amount on line I is less than all other lines (F-H), it appears that the vehicle usage may not be enough to warrant obtaining a vehicle via purchase, lease or daily rental. Instead, the traveler should use his/her personal vehicle. A blanket order should be submitted to the Travel Office to permit reimbursement for this expense.

Initiated By and Date:

Signature of Vice-President or Dean and Date:

Signature of Department Director and Date:

Signature of T&P Services Approval and Date: