

Macon County

FY _____ Budget Preparation

Vehicle Purchase Request Form

Department Requesting Vehicle Purchase: _____

Vehicle Make: _____ Model: _____ Year: _____

Position (not person) vehicle will be assigned to: _____

Multiple positions will use this vehicle ___ Yes ___ No, If yes, how many? _____

Reason for purchase: Replacement Fleet Expansion

If Replacement, County ID number of vehicle being replaced: _____

Purpose of Vehicle/Justification of Purchase:

Estimated Cost of Vehicle: \$_____ (include 3% highway tax and \$6.00 tag fee)

Will grant/non-County funds be used? ___ Yes ___ No

If yes, amount of grant/non-County funds expected: \$_____

Account #: _____

Review:

Vehicle Purchase Recommended ___ Yes ___ No If no, why is vehicle not recommended:

Fleet Services Director Signature: _____ Date: _____

Vehicle Purchased Approved ___ Yes ___ No

County Manager/Finance Director Signature: _____ Date: _____