



**DEPARTMENT OF ADMINISTRATION
FLEET MANAGEMENT OFFICE**
70 - uyu@° u@V - CEU hu@V k-j y-au

VEHICLE DESCRIPTION

YEAR: _____ SERIAL # _____ LICENSE #: _____

MAKE: _____ MODEL: _____ COLOR: _____

TYPE / VEHICLE: _____ FUEL TYPE: _____ CLASS: _____

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 °)) k-∞ _____ au° u- _____ -@#\)-' _____
 "y@ @8 _____ k\\U _____

dh-V) @8yV@ASSIGNMENT

DEPARTMENT: _____ DIVISION: _____

SUB-DIVISION CODE: _____

hk\ #-) yk-

o y Fleet Coordinator Signature

)\° # °)

Fleet Management Office Signature

SPENDING UNIT COMMENTS OR APPEAL TO CABINET SECRETARY, DEPARTMENT OF ADMINISTRATION

Empty box for comments or appeal.