



**Office of Risk Management**  
Akron, OH 44325-9001  
(330)972-7340 Office  
(330)972-5564 Fax

### VEHICLE PROCUREMENT AUTHORIZATION FORM

Please complete each field below, provide "potential" driver information on the second page of this document, and obtain the appropriate signatures at the bottom of this page before you send your requisition to the Department of Purchasing for further processing. The Department of Purchasing will forward this form to the Office of Risk Management for proper notification to insurance carriers.

Type of vehicle: \_\_\_\_\_  
(Make, Model, Style, Year, Etc.)

Estimated Price: \_\_\_\_\_

Is this an additional vehicle or a replacement vehicle? ☐ additional ☐ replacement

Responsible Department: \_\_\_\_\_

Responsible Individual: \_\_\_\_\_

Purpose of use: \_\_\_\_\_  
\_\_\_\_\_

Where will the vehicle be kept overnight? \_\_\_\_\_

Where will the vehicle be kept when not in use? \_\_\_\_\_

Will the vehicle possibly leave campus? ☐ yes ☐ no

(If yes, describe the anticipated type and frequency of trips beyond a fifty mile radius from campus.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Anticipated total usage: \_\_\_\_\_ miles/year

**University vehicles may only be used in the execution of University business. No personal use of University vehicles is permitted.**

Requested by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

(Must be the President, Provost, or a Vice President)

**Please list all potential drivers of this vehicle.**

**(Note: All drivers must be approved before operating any University vehicle.)**

[illegible]