|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date: |  | **Formerly Form 6-77** | | | | |
| From: | Agency Name: |  | Agency #: |  | To: | State Fleet Management |
|  | Division Name: |  | Division #: |  |  | 1205 Pendleton Street, Suite 113 |
|  | Address: |  |  |  |  | Columbia, SC 29201 |
|  | City, State, Zip: |  |  |  |  | FAX: 803-737-1160 |
|  | Agency Contact: |  | Phone: |  | | statefleet@admin.sc.gov |

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| **SECTION I** | | | | | **Request to Purchase** | | | | | | | | | | | | | | | | | | | | | | |
| Fleet Addition:  Yes  No | | | | | **(If Yes, provide justification below or attach letterhead. If No, complete Section II)** | | | | | | | | | | | | | | | | | | | | | | |
| New | Used | | | Bid Out | | | | | Bids must be approved by SFM prior to initiating Request For Proposal | | | | | | | | | | | | | | | | | | |
| QTY: | Provide USED VIN & Odometer if known: | | | | | | | | | | VIN/Serial Number: | | | | | | | | |  | | | Odometer: | | |  | |
| Make: |  | | | | Model: | | | |  | | | | | | Body Style: | | | | |  | | | | | Year: | |  |
| Annual Estimated Mileage Utilization: | | | | | | | | |  | | | | | |  | | | | | (i.e. Sedan, Van, Truck, Trailer…) | | | |  | | | |
| Funds source: | | **State**: $ | | | | | **Federal**: $ | | | | | | | | | | | | **Other**: $ | | Define Other: | | | | | | |
| PO Purchase Amount: | | | | $ | | | Purchase Order Number: | | | | | | | | | | | |  | | (i.e. USDA Vehicle, Loan, Gift) | | | | | | |
| Vendor Contract #: | | | |  | | | | | | | | | | | | | Check if you will request the following:  **SASS-007B Form:** Exemption from State Motor Vehicle Identification Requirements (i.e. State Seal, Confidential tag).  **SASS-007C Form:** Permanently assign vehicle to a driver. | | | | | | | | | | |
| Vendor Name: | | | |  | | | | | | | | | | | | |
| Vendor Address: | | | |  | | | | | | | | | | | | |
| Vendor City, State, Zip: | | | |  | | | | | | | | | | | | |
| 1. Fleet Additions require justification in accordance with § 1-11-310 and Fleet Management Policy Section II. B. Agency director must certify that no vehicle is available to reassign to fill this need. (Attach additional sheet, if necessary). 2. ***The State standard fleet sedan or SUV is a compact model.*** Requests for special fleet sedans or SUV’s (Intermediate model) must be justified in writing. (Attach additional sheet, if necessary). | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SECTION II** | | | | | **Request for Disposal/Retention (Attach separate sheet for multiple vehicles)** | | | | | | | | | | | | | | | | | | | | | | |
| Disposal  Retention\*\* | | | | | |  | | | | VIN/Serial Number: | | | | | | | | | |  | | | | | | | |
| Tag Number: | | |  | | | | Odometer: | | | | | | | |  | | | | | Estimated Value: | | $ | | | | | |
| Make: |  | | | | Model: | | | |  | | | | | | Body Style: | | | | |  | | | | | Year: | |  |
| \*\* Old vehicle must be disposed of within 90 days of delivery or 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** | | | | | **Agency Head Approval** | | | | | | | | | | | | | | | | | | | | | | |
| Signature of Agency Director/Institution Head or designee: | | | | | | | | | | | | | \* Designee must be on file with SFM as Approved Authority | | | | | | | | | | | | | | |
|  | | | | | | | | | | | |  | |  | | | | | | | | | | | | | |
| Print Agency or Institution Head Name | | | | | | | | | | | |  | | Signature of Agency or Institution Head | | | | | | | | | | | | | |
| **SECTION IV** | | | | | **Action By State Fleet Management** (To Be Completed By State Fleet Management) | | | | | | | | | | | | | | | | | | | | | | |
| Approved Disapproved | | | | | | | |  | | | | | | | |  | |  | | | | | | | | | |
| Date | | | | | | | |  | | State Fleet Manager Signature | | | | | | | | | |