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| 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).
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|       |
| **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 |