



Work Flow LEASING

DUE FOR REPLACEMENT(5 YEARS)

NOTE:

This will be done two months before the date of maturity.
Assignees must know before their vehicle is due.

Leasing Vehicle Master list

PROCESS

FILTERED BY THE DATE

After 5 years Leasing service vehicle is need to replace.

This are the process on how the assignee can request for the replacement units.

- Need to filter the acquisition date
- Assignee must know 2 months before the due date

Ex. If the date of acquisition is December 1, 2016 the unit will be due on December 1, 2021

We need to email assignee by October 2021



| EX. | | | | | | | | | |
|-------------|--------|---------|-------|--------|------------------------|---------------------|-----------------------|------------------|---------------|
| PLATENUMBER | CS.NO | COMPANY | MODEL | BRAND | VEHICLE MAKE | LAST NAME(ASSIGNEE) | FIRST NAME (ASSIGNEE) | ACQUISITION DATE | MATURITY DATE |
| NCX-6917 | DT2247 | ORIX | 2016 | HONDA | MOBILIO 1.5 V CVT | YULO | ANGELA GRACE | 28-Dec-16 | 28-Dec-21 |
| NCX-7399 | DT2239 | ORIX | 2016 | HONDA | MOBILIO / 1.5 V A/T | ESCALANTE | VANESSA CAMILLE | 22-Dec-16 | 22-Dec-21 |
| NCJ-3079 | VH0728 | ORIX | 2016 | TOYOTA | AVANZA 1.5G A/T | Gayamo | Joeline | 05-Dec-16 | 05-Dec-21 |
| NCG-7133 | CQ2390 | ORIX | 2016 | ISUZU | CROSSWIND / XL 2.5 M/T | Handumon | Leonides | 27-Dec-16 | 27-Dec-21 |

Sample Format of Email

Attached this SVRF

Requester's Information

Name: _____
ID Number: _____
Position / Designation: _____
Cost Center Code: _____
Dept/Division/Section: _____
Location: _____
IP # / Landline: _____

Details of Request

Preferred Vehicle Type: ☐ Sedan ☐ AUV ☐ Pick-up ☐ Others _____
Length of Use: From _____ Months/ ☐ Permanent ☐ Short Term _____ To _____

Reason/Justification (If upgrade kindly state memo with group head approval)

Fleet Management

Recommended Vehicle: ☐ Sedan ☐ AUV ☐ Pick-up ☐ Others _____
Remarks: _____

Vehicle Details

Model / Make / Type / Series: _____
Plate Number: _____
Color: _____
Odometer reading: _____
Accessories: _____

Service Provider

Acquisition Cost: _____
Term: _____
Accessories: _____
Valuation: _____
Lease Rate: _____

Approvals

By: _____ By: _____
Immediate Supervisor: _____ Police Department/Police Officer: _____
Department Head: _____ Special Unit - Fleet Management: _____
Division Head/Group Head: _____ Fleet Data Group: _____

Confirm

Service Provider Approval: _____

Note:

Hi (Name of Assignee),

Please be advised that your Service Vehicle is already due for replacement (5 years) for the Month of May 2021. If for replacement, Vendor gave us extension while waiting for the replacement units. You may purchase the existing Service but kindly coordinate directly to the Vendor (ORIX/DIAMOND/CLICK). Kindly see and fill up the attached SVRF (service vehicle request form) below, send back to me once approved up to your Department head. If you have approved SVRF kindly resend here.

| PLATE NUMBER | CS.NO | COMPANY | MODEL | BRAND | VEHICLE MAKE | VEHICLE CATEGORY | LAST NAME (ASSIGNEE) | FIRST NAME (ASSIGNEE) | ACQUISITION DATE | MATURITY DATE |
|--------------|--------|---------|-------|--------|-----------------|------------------|----------------------|-----------------------|------------------|---------------|
| NDW-9523 | YZ4474 | ORIX | 2016 | TOYOTA | AVANZA 1.5G A/T | AUV | Bahala | Robert | 27-May-16 | 27-May-21 |

You can use your existing vehicle while waiting.

Note: Please advise if plate number is correct for our validation.

Will wait for your immediate response on this. Thanks

Attention TO:

Assignee

Ex. [ABC@globe.com](mailto:ABC@globe.com.ph) .ph

CC: Copy

Princess Concepcion

zpaconcepcion@globe.com.ph

Shyla Taboon

sftaboon@globe.com.ph

WHO'S COPY IN EMAIL