



## VEHICLE ACQUISITION REQUEST FORM

Date: \_\_\_\_\_ Department: \_\_\_\_\_

Vehicle Type: \_\_\_\_\_ Vehicle Model: \_\_\_\_\_

Justification of vehicle

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Source of funding: ( ) Grant ( ) CNM Motor Pool fund ( ) Department ( ) Others \_\_\_\_\_

Is this acquisition replacement of another CNM Vehicle? ( ) Yes ( ) No

This acquisition will add to fleet? ( ) Yes ( ) No

Is this acquisition under General Pricing Agreement?

Does the intended vehicle require any modifications, specialized equipment or accessories, describe?

Does this vehicle use alternative fuels? ( ) Yes ( ) No

\_\_\_\_\_  
Dean or Director

\_\_\_\_\_  
Date

**Individual Departments are responsible for purchasing any accessories or after-market modifications for the vehicle.**

**CENTRAL NEW MEXICO COMMUNITY COLLEGE**

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