

Facilities Services

Motor Pool New Vehicle Form

Vehicle Contact Information (Person to notify when PM Service and Safety Inspection are due)

First Name _____ Last Name _____

PH Number _____ Fax _____

Street Address or UF PO Box _____

City _____ State _____ Zip Code _____

Email Address _____

Accounts Payable Contact Person *Check Here If Same As Above* _____ *and do not fill in again below*

First Name _____ Last Name _____

PH Number _____ Fax _____

Street Address or UF PO Box _____

City _____ State _____ Zip Code _____

Email Address _____

Dept and Billing Information

Will this Vehicle be delivered to you through UF Motor Pool? If yes, please provide PO for Repair Services. Y N

Will this Vehicle receive fuel and service from UF Motor Pool? Y N

FS Customer ID/Department: _____

UF PO/CFR# for Fuel Purchases _____ or N/A if N

UF PO/CFR# for Repair Services _____ or N/A if N

Example of vehicles belonging to this department _____

Motor Vehicle Information

Is this Vehicle a Lease? Y N

Vehicle Year _____ Vehicle Make _____ Vehicle Model _____

Vehicle Identification Number (last 5 Digits) _____