

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF ADMINISTRATION - TRANSPORTATION SERVICES
VEHICLE REQUEST FORM**

DEPARTMENT: _____
DIVISION: _____
DATE: _____

CONTRACT ITEM: YES NO
If yes, provide the following
CONTRACTOR'S NAME: _____
CONTRACT #: _____
T #: _____

QUANTITY	LINE #	VEHICLE DESCRIPTION	COLOR	TRADE IN	OPTION LIST PRICE	UNIT COST	TOTAL COST

TOTAL AMOUNT: \$ _____

NOTE:

- A contract vehicle request must be received at least 2 weeks prior to the manufacturer's cut-off date. Master Notification-Cut-Off Date is available at <http://www.nj.gov/treasury/purchase/mnmaster.pdf>
- A non-contract vehicle request must be received at least 1 week prior to the Purchase Bureau's FY cut-off date <http://www.nj.gov/treasury/purchase/agency.shtml>
- Motor Vehicle contract awards are available on the Internet at <http://www.nj.gov/treasury/purchase/mvcontracts.htm>

Agency Contact: _____
Division: _____
Address: _____
Phone: _____
Fax: _____
E-Mail: _____
Agency Ref. #: _____

**Contact Person for Tech Support
Regarding Specification Matters:** _____
Phone: _____
Fax: _____
E-Mail: _____
Treasury Vehicle Administration #: _____

To be completed by Fleet Engineering Unit, Purchase Bureau:

- Approved as received from agency. Requisition Number: _____
- Sent back to agency for modification. Purchase Order Number: _____

Signature Date