

# REQUEST TO PURCHASE, DISPOSE OR RETAIN STATE-OWNED VEHICLES

From: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To: State Budget and Control Board  
State Fleet Management  
1430 Senate Street, 3<sup>rd</sup> Floor  
Columbia, South Carolina 29201-3710

Date \_\_\_\_\_

## SECTION I Request to Purchase

Fleet Addition \_\_\_\_\_ Yes  (See E and F)

New \_\_\_\_\_ P.O. Number \_\_\_\_\_ No  (See F and Section II)

Used \_\_\_\_\_  
Serial # \_\_\_\_\_  
Tag # \_\_\_\_\_ Mileage \_\_\_\_\_  
Inspection # \_\_\_\_\_ Empty Weight \_\_\_\_\_

- A. Make \_\_\_\_\_ Model \_\_\_\_\_ Body Style \_\_\_\_\_ Year \_\_\_\_\_  
B. This vehicle is to be assigned to: \_\_\_\_\_  
C. Annual Official Miles \_\_\_\_\_  
D. Funds to purchase this vehicle are available from:  
State Appropriations: \$ \_\_\_\_\_ Federal \$ \_\_\_\_\_ Other (Source & Amt.) \$ \_\_\_\_\_  
E. Give complete justification in accordance with Chapter 7, State Motor Vehicle Management Manual. If a fleet addition, agency director must certify that no vehicle is available to reassign to fill this need. (For multiple or fleet purchases give required information on additional sheets). \_\_\_\_\_  
\_\_\_\_\_

F. The State standard fleet sedan or station wagon is a compact model. Requests for special fleet sedans or station wagons (Intermediate model) must be justified in writing. Please attach justification.

## SECTION II Request for Disposal/Retention

Disposal  Retention\*\*  
Tag Number \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Body Style \_\_\_\_\_ Year \_\_\_\_\_  
Serial Number \_\_\_\_\_ Mileage \_\_\_\_\_ New Cost \$ \_\_\_\_\_  
Date of Purchase \_\_\_\_\_ Present Estimated Value \$ \_\_\_\_\_  
Name and telephone number of person to contact: \_\_\_\_\_

\*\*Old vehicle must be disposed of within 90 days of 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.

\_\_\_\_\_  
*Agency or Institution Head*

## SECTION III Action By Budget & Control Board

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_  
\_\_\_\_\_  
Date \_\_\_\_\_ Signature \_\_\_\_\_

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SFM Form 6-77  
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