FLEET SERVICE REQUEST FORM Top portion to be completed by Fleet Coordinator and emailed to Donny Leader with a copy to Carter Oster and Jason Perkins.												
							cle # replacen			Form No		
Bureau/Division:					• 1					Prio	rity No.	
Contact Person	Date Submitted:											
Bureau Director/Designee Signature: Date:												
□ New Additional Equipment □ Upgrade □ Regular Replacement □ Early Replacement − Year Due: 2022 □ Special Project (*If communications or electronic equipment is required, please submit request for those items to ComNet)												
Current Equipment Class Code: Mont					hly Estimate Miles:			or Hours	or Hours:		No. Requested:	
Description:				No. of Months Req					hs Requ	ested:		
1 1100201 22001111 110111											BILLING INFORMATION (for operational costs)	
requirements. Possible examples of required equipment are: light-bars, bed liners, special tool boxes, special utility body types, lift-gates, etc.)								SAP C	ost t Code			
Dept. ID (6 digits)												
EQUIPMENT ACQUISITION COST (To be Completed by CityFleet)												
Description	New Class Code	Purcha Cos		ciliary pment	Number Requested		Equipment Cost	Monthly Replacement	No. (Mont	-	Fiscal Year Amount	
							\$				\$	
							\$				\$	
	uipment (Cost (6511	09)	\$	Replacement Cost (651110)			\$				
EQUIPMENT OPERATING AND MAINTENANCE COST (To be Completed by CityFleet)												
Description	_	lass Us	age Mo	e Monthly		ly ost and	No. of Months	Annual O&M Cost (inc. fuel and PM)	No. Reque		Fiscal Year O&M Cost	
•				\$				\$	•		\$	
					\$			\$			\$	
Total O&M Cost (651101) (Includes All Maintenance & Operating Costs)											\$	
	\$											
SPECIAL PROJECTS (To be Completed by CityFleet)												
Description				Materia	al		Labor				Fiscal Year Projects Cost	
	\$				\$				\$			
\$											\$	
Fleet Line Item 651101 651101					651108 651101			Total Special Project Cost 651109 651112			\$ New Vehicle #	
Fleet Line Item		Commerc Labor	cial L a	abor	651108 Fuel		Parts	Capital Equipment	Outsid Renta	de Is/	New Venicle #	
Amount \$		•			¢.	+	¢	r.	Leases	es	Tech Spec. #	
		Ф	\$		\$		\$	\$	\$			
Michael Roy, Fleet Manager					Date	Fir	nance Manager Signature				Date	