

VEHICLE CAPITALIZATION, REPAIR, AND DISPOSAL REQUEST AND AUTHORIZATION

INSTRUCTIONS

Fill out all relevant information. Send to the appropriate point of contact (POC) together with repair cost estimates, Vehicle Modification/Accessory Equipment Request, or disposal documentation, whichever is applicable. Upon receipt of approval or disapproval, a copy should be kept at the Fleet Management Center and a copy should be forwarded to the appropriate POC as applicable.

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| TO: | FROM: |
| | |
| ZONE NUMBER: | |
| REGION/FLEET MANAGEMENT CENTER NUMBER: | |

REQUEST

ACTION

CAPITALIZE
 REPAIR
 DISPOSAL

REASON

EXTEND LIFE
 PURCHASE ACCESSORY/VEHICLE MODIFICATION
 UNECONOMICAL TO REPAIR
 OTHER (*Explain in Remarks*)

| | | |
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| VEHICLE TAG NUMBER | YEAR/MAKE/MODEL | VEHICLE IDENTIFICATION NUMBER (VIN) |
| MILEAGE | VEHICLE CONDITION | VEHICLE DESCRIPTION (<i>Equipment Code</i>) |
| CURRENT OPTION RATE CODE | NEW OPTION RATE CODE | CURRENT CAPITALIZED VALUE |
| | | NEW CAPITALIZED VALUE |
| ESTIMATED COST (<i>Attach Estimates</i>) | NATIONAL AUTOMOBILE DEALERS ASSOCIATION (NADA) RETAIL VALUE/GSA BOOK VALUE | MAINTENANCE EXPENDITURE LIMIT (<i>if applicable</i>) |

REMARKS

AUTHORIZATION

| | | |
|---|---|------|
| <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED | AUTHORIZING OFFICIAL (<i>Signature and Title</i>) | DATE |
|---|---|------|