

SCHOOL PURCHASED VEHICLE DOCUMENTATION

School: _____ **Date:** _____

Request to purchase school-owned vehicle:

Description of vehicle, including classification of vehicle, make of vehicle, manufacturer's rated seating capacity, approximate cost and source of financing for purchase.

Before proceeding with purchase, pre-approval of Associate Superintendent of Finance and Operations is required.

Signature: _____ **Date:** _____

Complete following purchase:

1. Safety Fitness Certificate – School Division copy (if applicable classification).
2. Make, model and manufacturer, including year of vehicle: _____
3. Serial Number: _____
4. Color of paint: _____
5. Single or dual wheels: _____
6. Manufacturer's seating capacity: _____
7. Odometer Reading: _____
8. Photograph of Vehicles
(Please Attach)

