



State of Missouri
Office of Administration
State Fleet Management Program
 Post Office Box 809, Jefferson City, MO 65102
 573/751-4534
 FAX 573/751-7819
fleetmanagement@oa.mo.gov

Agency Tracking # <i>(Optional)</i>	
Date Received <i>SFM Use Only</i>	
Tracking Number <i>SFM Use Only</i>	

VEHICLE PREAPPROVAL FORM (Page 1)

Department/Division	Agency Contact Name
SAM II Order #	Agency Contact Email

SECTION A		
Expansion/Replacement	<input type="checkbox"/> Expansion <input type="checkbox"/> Replacement <i>(Complete Section D for Expansion Requests)</i>	Purchase Price \$
Purchase From:	<input type="checkbox"/> State Contract <input type="checkbox"/> Surplus <input type="checkbox"/> MSHP	Purchase Option (check all that apply) <input type="checkbox"/> Purchase <input type="checkbox"/> Lease-Purchase <input type="checkbox"/> Credits (Section 37.452 RSMo)
Vehicle Requested	<input type="checkbox"/> New <input type="checkbox"/> Used (Check One)	
VEHICLE DATA	VEHICLE TO BE REPLACED	REQUESTED VEHICLE
Year		
Make		
Model		
VIN		N/A
License Number		N/A
Inventory Number		N/A
Current Odometer		<i>(leave blank for new vehicles)</i>
Annual Miles Driven	<i>Prior FY Actual</i>	<i>Estimated</i>
Vehicle Category	Pick One	Pick One
Vehicle Subcategory	Pick One	Pick One
Check all that apply	<input type="checkbox"/> 4WD <input type="checkbox"/> Police Equipped	<input type="checkbox"/> 4WD <input type="checkbox"/> Police Equipped
Primary Assignment	<input type="checkbox"/> Individual <input type="checkbox"/> Function <input type="checkbox"/> Pool	<input type="checkbox"/> Individual <input type="checkbox"/> Function <input type="checkbox"/> Pool
Assignment Name		
Vehicle Purpose	<input type="checkbox"/> Employee Transportation <input type="checkbox"/> Client Transportation <input type="checkbox"/> Task Specific (describe below) <input type="checkbox"/> Special Purpose (describe below)	<input type="checkbox"/> Employee Transportation <input type="checkbox"/> Client Transportation <input type="checkbox"/> Task Specific (describe below) <input type="checkbox"/> Special Purpose (describe below)
Reason for Replacement	<input type="checkbox"/> Routine (Over 120,000 miles) <input type="checkbox"/> Other <i>(Complete Section E)</i>	Actual Disposal Date/Miles <i>(SFM use only)</i>
Estimated Disposal Date		

SECTION B: SIGNATURES	
Agency Head or Designee _____ Date: _____	State Fleet Manager _____ Date: _____ <div style="text-align: right; margin-top: 10px;"> <input type="checkbox"/> Approved <input type="checkbox"/> Denied </div>



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VEHICLE PREAPPROVAL FORM (Page 2)

SECTION C: ADDITIONAL JUSTIFICATION FOR CERTAIN VEHICLE TYPES
This section must be completed if the vehicle is larger than a MIDSIZE sedan.
Special Requirements: Check all that apply and then describe in detail in the space provided below. <ul style="list-style-type: none"> <input type="checkbox"/> Regularly driven off road or on unimproved roads <input type="checkbox"/> Equipment/Tool Storage <input type="checkbox"/> Passenger Occupancy <input type="checkbox"/> Utility Features <input type="checkbox"/> Other
Please describe the specific need here. Include justification describing why a lower cost; more fuel-efficient vehicle is not sufficient to meet agency needs. Also, describe the fleet at the location where vehicle will be assigned (# of vehicles per class).
SECTION D: ADDITIONAL JUSTIFICATION FOR EXPANSION VEHICLES
This section must be completed for expansion vehicle requests.
Reason for Expansion: Check all that apply and then describe in detail in the space provided below: <ul style="list-style-type: none"> <input type="checkbox"/> New Statutory Requirements <input type="checkbox"/> Fleet Increase Approved by General Assembly <input type="checkbox"/> Program Changes <input type="checkbox"/> Other
Describe the need to expand the fleet here.
SECTION E: REASON FOR REPLACEMENT
If "Other" was selected as the reason for replacement on page one please provide additional information below.
ADDITIONAL INFORMATION (optional)



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VEHICLE PREAPPROVAL FORM INSTRUCTIONS & INFORMATION

All new or used vehicle purchases must be approved in accordance with Executive Order 05-02 and the State Vehicle Policy (SP-4) which also requires vehicles under 10,000 GVWR (Gross Vehicle Weight Rating) to be pre-approved by the State Fleet Manager). The State Vehicle Policy may be viewed at <https://oa.mo.gov/general-services/state-fleet-management>. This includes vehicles purchased directly from other state agencies or State Surplus Property. State Surplus Property requires a signed pre-approval form prior to selling a used vehicle to a state agency.

STEP-BY-STEP INSTRUCTIONS TO COMPLETE THE PREAPPROVAL FORM

1. Complete Section A with information on the vehicle to be purchased and the vehicle to be replaced (if applicable).
2. Complete Section C if the request is to purchase any vehicle type other than a mid-size sedan.
3. Complete Section D if you are requesting an expansion to the size of your fleet.
4. Obtain signature of agency head or designee in Section B.
5. Agencies are not required to submit page two of this form if Sections C-E are not required.
6. Submit the signed form to the State Fleet Management Program. Address, fax number and email address are displayed at the top of this page. Interagency Mail: Room 760, Harry S. Truman State Office Building
7. The signed preapproval form will be emailed back to the contact indicated on the top of page one.

SAM II FINANCIAL PURCHASE ORDER INFORMATION

Agencies must use one of the following commodity codes when processing a PGQ or PDQ document:

- 07006 – Automobiles & Station Wagons
- 07007 – Autos, Station Wagons, Vans, Trucks, Alternative Fuel
- 07048 – Trucks (One Ton and Less Capacity)
- 07092 – Vans

Agencies do not have to enter a SAM II purchase order prior to submission of the preapproval form. If the purchase order number is indicated on the preapproval form, it will be approved in SAM II after the State Fleet Manager approves the preapproval form. If the purchase order number is not provided, agencies must contact the State Fleet Manager with the SAM II purchase order number and the SFM Tracking Number from the top of the preapproval form and indicate that the purchase order is ready for approval.

VEHICLE CREDIT & INSURANCE RECOVERY FUNDS INFORMATION

If your agency would like to purchase a vehicle with vehicle credit or insurance recovery funds, please submit the Vehicle Credit Request Form with the Vehicle Preapproval Form. Your request to purchase a vehicle with these funds must be approved before a purchase order can be fully processed. All purchases must be made in accordance with the signed interagency spending delegation agreement and Vehicle Credit/Insurance Recovery Procedures. Procedures and the request form can be found at: <http://oa.mo.gov/gs/fm/vehiclepreapproved.htm>.

QUESTIONS: Contact Stan Perkins, State Fleet Manager at 573/526-1988.