

State of Missouri Office of Administration State Fleet Management Program

Post Office Box 809, Jefferson City, MO 65102 Interagency Mail: Room 760, Truman Building

573/751-4534 FAX 573/751-7819

VEHICLE CREDIT/INSURANCE RECOVERY REQUEST FORM

Agencies must request approval to expend vehicle credits accrued in accordance with Section 37.452 RSMo. This form must be used to request the release of vehicle credits or insurance recovery proceeds. Please complete Section A and mail or fax the signed form to State Fleet Management. If approved, State Fleet Management will request an increase to the SAM II expense budget (EB) line before a purchase order or payment can be processed. Agencies may enter a purchase order and put it on hold until the EB line has been increased.

SECTION	A: AG	ENCY R	EQUEST								
Agency/Di	ivision	/Section									
Agency Co											
Amount Requested										ehicle Credits	/ery
Vehicle(s) (List Year									•		,
SAM II Pu	rchase										
State Fleet Management Vehicle Preapproval Tracking Number						Check here if funds will be used for repair or maintenance (Insurance Recovery only)					
Comment	S	-		-							
SECTION	B: SIG	SNATUR	ES								
Agency Head or Designee						State Fleet Manager Approve					☐ Approved
											☐ Denied
Date:						Date:					
STATE FL	EET N	IANAGE	MENT USE	ONLY							
Fiscal Year					Credit Tracking Number						
Credit Bal	ance A	Adjustme	ent Date								
EB Line In	creas	e Reque	st Date								
SAM II Ex	pendit										
ACCOUNT	TING D	ISTRIBL	JTION FOR	PAYME	NT						
AGENCY	300	ORG		FUNI	D	0505	APPR	ОР	6259	OBJECT 2675 – Vehicl 2610 – Repai	e Purchase r or Maintenance
			y for vehicle				For co	mple	te proced	dures go to:	