

## VEHICLE LEASE

This form is an agreement between a University of Michigan (U-M) department and U-M Logistics, Transportation & Parking (LTP) Fleet Services to lease a vehicle.

### Form Instructions:

- **Complete** each section on page 1 of this form
- Print and fax this form to (734) 763-1470 or email to [ltp-fleet@umich.edu](mailto:ltp-fleet@umich.edu)

### Department Information

U-M Vehicle # \_\_\_\_\_ Shortcode \_\_\_\_\_ Parking Location \_\_\_\_\_

Department \_\_\_\_\_

Address \_\_\_\_\_ Campus Address \_\_\_\_\_

Vehicle use \_\_\_\_\_

Vehicle Usage Schedule (this is the days of the week and time each day you anticipate the vehicle being used)

Su \_\_\_\_\_ M \_\_\_\_\_ Tu \_\_\_\_\_ W \_\_\_\_\_ Th \_\_\_\_\_ F \_\_\_\_\_ Sa \_\_\_\_\_

Example... Su Open M 7:30a-5:30p Tu 7:30a-5:30p W 7:30a-5:30p Th 8a-12p F 7:30am-4p Sa 11a-3p

### Operator Information

Operator Name \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

### Vehicle Contact Information (person LTP should contact for preventative service or questions pertaining to vehicle)

Contact Name \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

### Administrative Authority (person LTP should contact regarding vehicle replacement or financial issues)

I authorize this request for the vehicle lease for the terms outlined. In addition, I also authorize the lease to be billed to the departmental shortcode by service unit billing. I certify that the request is in compliance with all conditions imposed by the funding source and vehicle use policies established by LTP.

Name \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ Email \_\_\_\_\_