

## REPAIR AUTHORIZATION REQUEST

1. TO  <div style="text-align: center;"><b>DEPARTMENT OF GENERAL SERVICES          BUREAU OF VEHICLE MANAGEMENT          VEHICLE DISPOSITION</b></div>	2. FROM	3. REFERENCE NUMBER  <hr/> 4. DATE
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REQUEST APPROVAL FOR REPAIRS TO THE FOLLOWING COMMONWEALTH-OWNED VEHICLE:

5. EQUIPMENT NUMBER	6. LICENSE NUMBER	7. FUND <div style="text-align: center;">GENERAL SPECIAL</div>	8. YEAR AND MAKE	9. MILEAGE
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10. REPAIRS	11. COMPLETED EMERGENCY REPAIRS WITH VERBAL AUTHORIZATION <div style="text-align: center;">DATE</div>	12. REPAIRS DUE TO ACCIDENT <div style="text-align: center;">YES                  NO</div>	13. IF "YES," WAS AN ACCIDENT REPORT FILED? <div style="text-align: center;">YES                  NO</div> DATE _____
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14. IF REPAIRS ARE NECESSARY DUE TO ACCIDENT, GIVE NAME OF DRIVER	15. BUREAU OF VEHICLE MANAGEMENT SELECTED VENDOR <div style="text-align: right;">\$ <span style="border: 1px solid black; display: inline-block; width: 80px; height: 15px; vertical-align: middle;"></span></div> NAME  ADDRESS  AMOUNT  <div style="text-align: right;">FEDERAL I.D. NO. _____</div>
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16. COMMENT (If less than three estimates, explain in this space)

**ORIGINAL INVOICE ATTACHED**

17. DEPARTMENTAL AUTOMOTIVE OFFICER

APPROVAL OF REPAIRS IS RECOMMENDED.

APPROVAL IS RECOMMENDED IF YOUR INSPECTION OF EQUIPMENT INDICATES THAT REPAIRS ARE ADVISABLE.

APPROVAL RECOMMENDED FOR INVOICE OVER \$50.00 WITH OPERATING EXPENSES TO BE PAID BY THIS DEPARTMENT.

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SIGNATURE – DEPARTMENTAL AUTOMOTIVE OFFICER

18. Bureau of Vehicle Management, Chief of Maintenance and Operations Approval

\_\_\_\_\_  
CHIEF – APPRAISER, VEHICLE DISPOSITION

\_\_\_\_\_  
DATE

DIRECTIONS FOR DISTRIBUTION: Once form is completed, please prepare and forward copies to the following:

1. AUTOMOTIVE FILE      2. COMMONWEALTH GARAGE      3. AGENCY FILE      4. RISK AND INSURANCE MANAGEMENT