FORM 6-06
GSA ANNUAL FLEET REQUIREMENTS SPREADSHEET

Center Name: _____

Local GSA[1] Representative's E-mail Address: _____

Note: *If this is not an alternative fuel vehicle (AFV), submit a narrative as to why this vehicle is needed. All non-AFV's will require National Office and Office of the Assistant Secretary for Administration and Management (OASAM) approval.*

Make/ Model	Vehicle Type	Purpose	Replacement Tag (If Applicable)	Justification for a New Vehicle	Regional Office Support (Yes/No)	Regional Office Comments	National Office Approval (Yes/No)	National Office Comments	OASAM Approval (Yes/No)	OASAM Comments

[1]General Services Administration (GSA)