

**FORM 6-06**  
**GSA ANNUAL FLEET REQUIREMENTS SPREADSHEET**

**Center Name:** \_\_\_\_\_

**Local GSA<sup>1</sup> 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

<sup>1</sup>General Services Administration (GSA)