GSA Annual Fleet Requirements Spreadsheet

Center Name:_____

Local GSA Representative's E-mail Address:

*If this is not a non-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 approval.

Make/Model	Vehicle Type	Purpose	Replace- ment 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