REQUEST AND APPROVAL FOR TRANSFER OF VEHICLE(S)

INSTRUCTIONS: Prepare with original and two copies; the original filed at the losing FMC after approval and a signed copy filed at the gaining FMC and the gaining regional office.

TO
Regional Fleet Manager

FROM
Fleet Management Center

Approval is requested for transfer of Interagency Fleet Management System. Vehicles as follows:

FROM *(Fleet Management Center)* REGION _____ FMC _____

FROM *(Fleet Management Center)* REGION _____ FMC _____

VEHICLE TAG NUMBER(S)	YEAR	MAKE, DESCRIPTION, MILEAGE	EFFECTIVE DATE

JUSTIFICATION

SIGNATURE *(Fleet Management Center Manager)*		DATE
APPROVED	SIGNATURE *(Regional Fleet Manager)*	DATE