

# NAPA Parts Request Form

The University of Oklahoma Fleet Services

Vehicle / Equipment Number (**REQUIRED**) \_\_\_\_\_

(This must be an OU Fleet Service assigned Vehicle / Equipment Number)

Odometer / Hour Reading \_\_\_\_\_

Reason for purchase \_\_\_\_\_

Account / Department Name (**REQUIRED**) \_\_\_\_\_

Account / Department Number \_\_\_\_\_

(Account / Department Number is **required** if **NO** OU Fleet Service assigned Vehicle / Equipment Number)

Employee (print your name) \_\_\_\_\_

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

Part #

Quantity

NAPA Personnel only

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Independent Issue Number \_\_\_\_\_

(Office Use Only)

Service Manager Approval: \_\_\_\_\_

Processed by: \_\_\_\_\_