

INTEROFFICE MEMO



DATE: October 2, 2007

PHONE: 382-3150

FROM: WENDY CAMBRIDGE
DBH Facility and Project Management

MAIL CODE: 0026

TO: ALL DBH EMPLOYEES

SUBJECT: County Vehicle Requisition – CVR Form

To ALL DBH Employees:

COUNTY VEHICLE REQUISITION - (CVR) Form

The CVR form has be REVISED and is found on the DBH Intranet page, Forms by Department, Facility and Project Management, County Vehicle Requisition (CVR).

PLEASE USE this REVISED form ONLY.

The CVR form must be submitted to DBH Administration, Facility and Project Management at 268 W. Hospitality Lane, Suite 400 for final approval and signature at least 5 days prior to requested use date.

This form is be completed and approved in order to use a County vehicle for daily rental from the County Motor Pool.

This practice has been in place since July 2, 2003 and continues to be applicable. At recent meetings with Vehicle Services, it was brought to our attention that DBH staff were no longer submitting this form when picking up a vehicle they had reserved.

Vehicle Services will not release a County vehicle for daily rental use without this completed form presented at time of use.

CVR Form A:

Form A is to be used when transporting consumers.

CVR Form B:

Form B is to be used by Computer Services or Property Mgmt.

Once form has been approved by Facility and Project Management, you will be notified and can then pick up the approved copy.

Thank you
Facility and Project Management

Department of Behavioral Health
DBH Administration

268 W. Hospitality Lane, Ste. 400, San Bernardino 92415-0026

Revised 10/02/07

FPM/Vehicles

Received by FPM on: _____

FPM Internal Tracking # _____

COUNTY VEHICLE REQUISITION (CVR) – FORM A

**CONSUMER TRANSPORTATION DAILY RENTAL
DEPARTMENT OF BEHAVIORAL HEALTH**

Please complete in ink.

*Submit to DBH Facility and Project Management for final approval at least 5 work days prior to rental date.
Turn in authorized form to County Motor Pool on the day of use.*

Rental Date Requested _____	DBH Cost Center # _____
Vehicle Type Requested _____ <i>(Car, Truck, Van, Etc.)</i>	

I, _____ Employee ID # _____
USER: Print First and Last Name

certify that I am currently on staff with the Department of Behavioral Health (DBH) working in/at

Print Clinic or Program Name and address

I have been assigned by _____ to provide the
Clinic Supervisor or Program Manager Name

transportation of a DBH consumer to the following destination:

Print Street Address *City, State and Zip*

for the purpose of (print brief description):

User or Supervisor:
I certify that no other DBH-assigned County Vehicles are available for this trip.

Signed by: _____ Date _____

This signature line to be completed by – FACILITY AND PROJECT MANAGEMENT

Authorized / Approved By: _____ Date _____

Print Name and Title

Received by FPM on: _____

FPM Internal Tracking # _____

COUNTY VEHICLE REQUISITION (CVR) – FORM B

**DBH COMPUTER SERVICES and FACILITY MANAGEMENT
DEPARTMENT OF BEHAVIORAL HEALTH**

Please complete in ink.

*Submit to DBH Facility and Project Management for final approval at least 5 work days prior to rental date.
Turn in authorized form to County Motor Pool on the day of use.*

Rental Date Requested _____	DBH Cost Center # _____
Vehicle Type Requested _____ (Car, Truck, Van, Etc.)	

I, _____ Employee ID # _____
USER: Print First and Last Name

certify that I am currently on staff with the Department of Behavioral Health (DBH), Information Technology (IT) or Facility/Project Management (FPM) .

I have been assigned by _____ to use County
Supervisor or Program Manager Name

transportation for the purpose of transporting DBH equipment, furniture, boxes and other items to and from the locations indicated below:

From County location address:

Print Street Address *City, State and Zip*

To County location address:

Print Street Address *City, State and Zip*

User or Supervisor:

I certify that no other DBH-assigned County Vehicles are available for this trip.

Signed by: *Date*

This signature line to be completed by – FACILITY AND PROJECT MANAGEMENT

Authorized / Approved By: *Date*

Print Name and Title