| 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<br>Regional Fleet Manager | FROM<br>Fleet Management Center |

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

| FROM *(Fleet Management Center)* REGION _____ FMC _____ | TO *(Fleet Management Center)* REGION _____ FMC _____ |
|---|---|
| | |

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

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

GENERAL SERVICES ADMINISTRATION

**GSA** FORM **2552** (REV. 5-94)
Prescribed by FSS P 5600.8