**Department of Finance**

**Division of Procurement Services**

E-mail:procurement@pticom.com

P.O.BOX510008CKSAIPAN,MP96950 TEL. (670)664-1500 FAX(670)664-1515

**LEASE OR PURCHASE OF VEHICLE(S)**

**PROCUREMENT JUSTIFICATION FORM**

|  |
| --- |
| * This form satisfies the requirements for Any Lease or Purchase of Vehicle(s) which is governed by NNMI Admin. Code Title 70, § 70-30.3-315 (2021 ed.) Agency shall consider whether to lease or purchase vehicle(s) based on a case-by-case evaluation of comparative costs and other factors. The following factors are the minimum that shall be considered, and a record reflecting the application of those factors shall be included in the file.
 |
| Name of Agency/Program: |  |
| Vendor/Contractor Selected: |  |
| 1. Estimated length of the period in which the vehicle is to be used and the extent of use within that period.
 |
| 1. Financial and Operating advantages of alternative types and makes of vehicles.
 |
| 1. Cumulative rental payments for the estimated period of use.
 |
| 1. Net purchase price
 |
| 1. Maintenance and other service costs.
 |
| 1. The following additional factors shall be considered as appropriate,

(i) Availability of purchase option.(ii) potential for use of vehicle by other agencies after its use by acquiring agency is ended (iii) trade-in or salvage value (iv) imputed interest (v) availability of a servicing capability; e.g., can the vehicles be serviced by the government or other source if it is purchased? |

The undersigned states that he/she has prepared the foregoing information based on the requirements as outlined in NMI Admin. Code Title 70, §70-30.3-315 (2021 Ed.), and that the facts and data set forth are complete and accurate to the best of the undersigned's knowledge and belief, and certifies that he/she has no actual or potential conflict of interest in this purchase.

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

Requester Signature Date of Request

Requester Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Requester Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For PS Use Only:**

* Approved
* Rejected \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Geraldine T. Cruz

Director of Procurement Services Date