

STATE OF ALABAMA
ALABAMA DEPARTMENT OF TRANSPORTATION
PURCHASE REQUEST - MINIVAN
CONTRACT NUMBER: **MA230000003838**
LOCAL TRANSPORTATION REFERENCE: **MINIVAN (RAMP) (Section 5311 only)**

Revised 10-3-2024

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|---|--|
| Dealer/Mfr.: Mr. Andrew Pigg Transportation South, Inc. Address: 1400 McCain Parkway Pelham, AL 35124 Phone: 256-436-2029 apigg@thebuscenter.com | Type of Vehicle: 2024 Chrysler Voyager Minivan (w/ Ramp) Wheelchair Side Entry Ramp-- Gas \$74,715 Wheelchair Rear Entry Ramp-- Gas \$69,906 <p style="text-align: center;"><u>Important</u></p> <ul style="list-style-type: none"> • All orders must be <u>rounded up</u> to the nearest dollar per vehicle. • One order form per vehicle is required. |
| Customer Information (for Titling) Legal Customer Name: | Enter Amounts for Vehicle Selected: Total Vehicle Cost: \$ _____ Federal Portion: \$ _____ Local Match Portion: \$ _____ |
| Street Address: | Lienholder Information: |
| City, State, Zip Code: | Alabama Department of Transportation Local Transportation Bureau 1409 Coliseum Boulevard Montgomery, Alabama 36110 Contact: Robert Echols Phone: (334) 242-6780 |
| Contact: | |
| Telephone: | |
| Fax: | |
| Email: | |

*NOTE: If System/Agency is NOT under contract with the Alabama Department of Transportation, then local System/Agency must make direct arrangements with Dealer/Mfg. for payment and delivery of vehicles.

Required - Choose one (check):

Side Load / Side Minivan Door: _____

Rear Load / Side Minivan Doors: _____

5311 Graphics Package

Vehicle Lettering (“Public Transportation”)
Lettering located per graphics package
plus agency name/telephone number on both sides.
***Must be ordered by all 5311 projects.**

Agency Name: _____

Agency Phone #: _____

Camera System is Angel Trax

Note: Mail Matching Funds to the following:

Alabama Department of Transportation
Attn: Local Transportation Bureau
1409 Coliseum Boulevard
Montgomery, AL 36110

Acknowledgement of Vehicle Order:

To: The Ordering Agency

Once the Authorized Representative of the agency signs the certification below, the attached ordering form must not be altered or changed without a written request by an authorized official of your agency.

I CERTIFY THAT I HAVE READ, UNDERSTAND, AND COMPLETED THE INFORMATION INCLUDED ON THE ATTACHED VEHICLE ORDERING FORM. I HAVE REVIEWED AND SELECTED THE OPTION AND AGREE WITH THE PRICES OF THE SELECTIONS I HAVE MADE.

Agency Name: _____

Signed By: _____
(Signature of Authorized Representative)

Date: _____