

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

Revised 04-21-26

Dealer/Mfr.: Mr. Simms Abney The Bus Center  Address: 1400 McCain Parkway Pelham, AL 35124  Phone: 205-907-5782  Email: <a href="mailto:sabney@thebuscenter.com">sabney@thebuscenter.com</a>	Type of Vehicle: <b>2026 Chrysler Voyager Minivan (w/ Ramp)</b>  Wheelchair Side Entry Ramp- Gas      \$76,965  Wheelchair Rear Entry Ramp-- Gas      \$73,965  <p style="text-align: center;"><b><u>Important</u></b></p> <ul style="list-style-type: none"> <li>• <b>All orders must be <u>rounded up</u> to the nearest dollar per vehicle.</b></li> <li>• <b>One order form per vehicle is required.</b></li> </ul>
Customer Information (for Titling) <b>Legal Customer Name:</b>	Enter Amounts for Vehicle Selected:  <b>Total Vehicle Cost:</b> \$ _____  <b>Federal Portion:</b> \$ _____  <b>Local Match Portion:</b> \$ _____
<b>Street Address:</b>	Lienholder Information:
<b>City, State, Zip Code:</b>	Alabama Department of Transportation Local Transportation Bureau 1409 Coliseum Boulevard Montgomery, Alabama 36110 Contact: Robert Echols Phone: (334) 242-6780
<b>Contact:</b>	
<b>Telephone:</b>	
<b>Fax:</b>	
<b>Email:</b>	

\*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.

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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: \_\_\_\_\_