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State Plate Number



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| **Section A Contact & Vehicle Information** | | | | | | | | |
| Department Name | | | | | | | | |
| Department Address | | | | | City | | State | Zip |
| Contact Name | | | Email Address | | | | Phone Number | |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   Vehicle Identification Number | | | | | | | | |
| Vehicle Year, Make and Model | | | | | | | | |
| Asset Identifier | Asset ID #  AST- | Original PO # (where available) | | | | Cost Center Asset Tracking Specialist | | |
| Check one:  OSU owned vehicle  Leased vehicle  Other (please specify): | | | | | | | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |   Odometer Reading  (actual reading): | | Is the odometer reading actual mileage?  Yes  No | | | | | | |
| Is the odometer reading in excess of mechanical limits?  Yes  No | | | | Was the odometer of this vehicle ever repaired or replaced?  Yes  No | | | | |
| Was the odometer of this vehicle ever altered, set back or disconnected?  Yes  No | | | | | | | | |

**Complete Section A, then contact Transportation and Traffic Management at (614-292-6195) to arrange for drop-off of your vehicle (or towing, if necessary). Please make sure this form and gas card accompany the vehicle when delivered to Transportation and Traffic Management. All fields in Section A are required except when indicated as optional. Please print or type.**

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| **Please specify the worktag that you would like the proceeds from the auction of your vehicle allocated to. This account will also be used to charge back disposal expenses incurred by Transportation and Traffic Management if your vehicle does not sell at auction.** | | | | | | | |
| Cost Center | Balancing Unit | Fund | Spend Category | Grant | Program | | Gift |
| Project | Area | Location | Assignee | Activities and Events | | Expenditure Treatment | |

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| **Section B Vehicle Check In** | |
| **Completed by TTM**  Verify department and vehicle info match  Vehicle history pulled from FASTER  Collect gas card  Extra keys from Parts cage  Cancel Voyager card | Verify VIN Number  Remove State plates  Remove decals  Vehicle location (if other than TTM) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| The vehicle listed hereon is considered surplus to the needs of this department. It is requested that it be disposed of by Transportation and Traffic Management. I hereby acknowledge that all above information is current and accurate to the best of my knowledge on the specified date. | |
| Department Head Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date |

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| **Section C Title Work, Proceed Allocation/Charge Back** | | | |
| Surplus DR# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­ | | | |
| Complete title work  Update vehicle info in FASTER  Send disposal paperwork to Asset Management | | | |
| Signature of person completing title work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | | |  |
| $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ -  Price received at auction | $\_­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ = Cost of disposal | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Amt of credit/debit | |