

Vehicle Transaction Form

Date: _____

Name: _____

Department: _____

Phone: _____

Campus Mailing Address: _____

Main Campus

Health Sciences Campus

West Research Campus

FOAPA: _____

Authorized Approval: _____

Vehicle Information Section:

Complete Vehicle VIN#: _____

Value: \$ _____

Year: _____ Plate #: _____ Odometer Reading (Mileage): _____

Make: _____ Model: _____ ECU ID#: _____

(Please check only one.)

Newly Purchased

Leased

Leased Return

Surplus

Insurance Section: (Must be completed)

Liability coverage is required on all vehicles.

Comprehensive and collision is optional.

Add comprehensive and collision

Liability Only

Indicate the following information if this is a newly leased vehicle:

Lease Term: _____

Lessor: _____

Please direct questions and completed form to:

Jay Surles

Risk Management and Insurance Specialist

207D Spilman Building

Phone~ 328-2010

Fax ~ 328-0129

surlesj16@ecu.edu

OFFICE USE ONLY:

Garage Copy

Fixed Asset Copy

Administrative Officer at Eppes Copy