OHIO UNIVERSITY

State Vehicle Reassignment

State Plate Number

Instructions: Section D must be copleted by the new owner and returned to Transportation & Parking Services within one week of receipt.

Section D Intra-Departmental Transfer of a Motor Vehicle or Trailer

Department Name | Department Address

Vehicle Contact Name | Vehicle Contact E-mail Address | Vehicle Contact Phone

Fiscal Contact Name (if different from Vehicle Contact Person) | Fiscal Contact E-mail Address | Fiscal Contact Phone

Vehicle Identification Number

Vehicle Year, Make and Model

License # | Asset ID # | Original P.O. # (where available)

Please specify the chartfield combination that you would like used for fuel biling, maintenance charges, etc.

Org. | Fund | Account | Natural Account | Project

I request that responsibility of the above vehicle/trailer to be transfered to the specified organization accounts.

Department Head Signature | Date

PLEASE NOTE: Vehicles are transferred "as is".

FORM ROUTING: ☐ T&P Fleet Services ☐ Department ☐ Equipment Inventory