

## Interagency Vehicle Transfer Form

*Agency Information:*

|   |                                 |
|---|---------------------------------|
| Date _____  | BFY _____                       |
| Selling Agency Name _____                               |                                 |
| Req Del Date _____                                      | Shipto/Billto codes ____ / ____ |
| Responsible Agency/Org codes ____ / ____ Division _____ |                                 |
| Responsible Person _____                                | Phone _____                     |
| Requested by _____                                      | Phone _____                     |

*Accounting Details:*

| Line                  | Fund | Agency | Org/Sub | Appr Unit | Obj/Sub | Job No. | Amount |
|-----------------------|------|--------|---------|-----------|---------|---------|--------|
| 01                    |      |        |         |           |         |         |        |
| 02                    |      |        |         |           |         |         |        |
| 03                    |      |        |         |           |         |         |        |
|                       |      |        |         |           |         |         |        |
|                       |      |        |         |           |         |         |        |
|                       |      |        |         |           |         |         |        |
| <b>Total Est Cost</b> |      |        |         |           |         |         |        |

*Commodity Details:*

| Line                  | CommCode | Unit | AcctLn | Description and Vehicle Identification Number | Qty | Unit Cost |
|-----------------------|----------|------|--------|---|-----|-----------|
| <b>001</b>            |          |      |        |   |     |           |
| <b>002</b>            |          |      |        |   |     |           |
| <b>003</b>            |          |      |        |   |     |           |
| <b>004</b>            |          |      |        |   |     |           |
| <b>005</b>            |          |      |        |   |     |           |
| <b>006</b>            |          |      |        |   |     |           |
| <b>007</b>            |          |      |        |   |     |           |
| <b>Total Est Cost</b> |          |      |        |   |     |           |

**Requesting Agency/Division must attach Board Of Examiner's purchase approval to this form**

*Approval History:*

| Appr Level | Approve By: (Signature and Title required) | Approval Date: |
|------------|--|----------------|
| 2          |  |                |
| 3          |  |                |
| 5          | <b>Purchasing</b>                          |                |
|            |  |                |