

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							
Total Est Cost							

Commodity Details:

Line	CommCode	Unit	AcctLn	Description and Vehicle Identification Number	Qty	Unit Cost
001						
002						
003						
004						
005						
006						
007						
Total Est Cost						

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	Purchasing	