VEHICLE SURPLUS REQUEST

DATE _______________ VEHICLE SURPLUS NUMBER __________

INSTRUCTIONS: This form must be typed or printed legibly. Make copies of this form as necessary.

Use this form to request permission to surplus University owned vehicles. This form must be completed by the department wishing to surplus a vehicle. The department should not move the vehicle(s) to a Surplus location until the completed form has been approved by Surplus Property.

I. Complete this form as follows:
   A. Enter the name and phone number of the contact person for the department wishing to surplus a vehicle.
   B. Enter the fleet number of the vehicle(s) to be surplused. If you do not know the fleet number, refer to your most recent Vehicle Inventory Verification Report for the Fleet Number.
   C. Enter the description of the vehicle to be surplused; for example, 1993 Ford F150 pickup truck.
   D. Enter the license number of the vehicle to be surplused.
   E. Enter the serial number or vehicle identification number of the vehicle to be surplused.
   F. Enter the current mileage of the vehicle to be surplused.

II. Submit the completed Vehicle Surplus Request to Surplus Property, 152 Reynolds #1, Lexington, Ky. 40506-0101 fax number (859) 257-1468.

III. When approval is granted, move the vehicle to the surplus holding location and leave the keys and license plate with the designated person at this location. It is your responsibility to have the vehicle moved to the Surplus Holding location designated by Surplus Property.

IV. If the vehicle has been issued Commonwealth of Kentucky Credit Card, return the card to the Purchasing Department, 379 Peterson Service Building.

V. If the vehicle has been issued as set of gas cards out of the Physical Plant Department, and your department is getting another vehicle, the green card (personal) should be kept, and the blue card (vehicle) should be turned in to PPD Accounting, 204 Peterson Service Building. If your department is not receiving another vehicle, both cards should be turned in to PPD Accounting.

A. CONTACT PERSON __________________________________________________ PHONE ___________________

DEPT NUMBER __________________ DEPARTMENT NAME _______________________________________

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<tr>
<th>B. FLEET NUMBER</th>
<th>C. DESCRIPTION</th>
<th>D. LICENSE NUMBER</th>
<th>E. SERIAL NUMBER (VIN Number)</th>
<th>F. MILEAGE</th>
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_________ Total Number of Vehicles Being Surplused

Do not write below this line.

Approved By: ________________________________ Date:

Received By: ________________________________ Date: