



Vehicle Turn-In Form

Today's Date: _____

Your Name: _____

Your Department Name: _____

Your Phone: _____

Asset Number: _____

Vehicle Plate Number: _____

Vehicle Mileage: _____

Vehicle Condition:

Is all vehicle information inside the vehicle (registration, insurance, gas card, etc.)?

YES

No

If "NO", where are the missing items?

What is the reason for returning the vehicle?

Yes, I would like information on the Fleet Reduction Incentive

NOTE: THIS VEHICLE MAY BE SURPLUSED AND WILL NOT BE AVAILABLE FOR YOUR DEPARTMENT AT A LATER DATE!

Upon sale of vehicle by CSU Surplus, proceeds of the sale will be allocated to the original funding account of the vehicle.

Signature: