

Vehicle Assignment/ Re-Assignment Form

Vehicle Info:

Vehicle Number: _____ Dept. Keys _____ Trans. Keys _____
Year: _____ Make: _____ Model _____
VIN: _____
Tag: _____ Mileage: _____

Reason:

Unassigned From: (Current Department Assignment)

Org Code: _____ Department Name: _____
Supervisor: _____ Employee ID Number: _____
Email: _____ Phone Number: _____
Assigned Driver: _____ Employee ID Number: _____

Assigned To: (New Department Assignment)

Org Code: _____ Department Name: _____
Supervisor: _____ Employee ID Number: _____
Email: _____ Phone Number: _____
Assigned Driver: _____ Employee ID Number: _____

Supervisor Signature: _____ Date: _____

Transportation Manager Signature: _____ Date: _____

Vice President/ Dean Signature: _____ Date: _____

Office Use Only:

Collective Data

Verizon

FuelMaster

FuelMan