

Vehicle Transaction Form

Date: _____

Name: _____

Department: _____

Phone: _____

Campus Mailing Address: _____

Main Campus

Health Sciences Campus

West Research Campus

FOAPA: _____

Authorized Approval: _____

Vehicle Information Section:

Complete Vehicle VIN#: _____

Value:\$ _____

Year: _____

Plate #: _____

Odometer Reading (Mileage): _____

Make: _____

Model: _____

ECU Vehicle ID#: _____

(Please check only one.)

Newly Purchased

Surplus

Insurance Section: (Must be completed)

Liability coverage is required on all vehicles.

Comprehensive and collision is optional.

Add comprehensive and collision

Liability Only

Please direct questions and completed form to:

Jay Surles

Risk Management and Insurance Specialist

211 South Jarvis St., Suite 102

Phone: 252-328-2010

Fax: 252-737-1458

insurance@ecu.edu

OFFICE USE ONLY:

Garage Copy

Fixed Asset Copy

Administrative Officer at Eppes Copy

Revised: 2019