



University of New Mexico Vehicle Transfer Form

Completed form **MUST** be faxed:
277-3069 (PPD Auto) and copy to 277-9006 (SRS)

Part 1 – Vehicle Details

Vehicle #	VIN #	Make	Model	Year
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Part 2 – Accounting Information

Transferring Department (If issuing vehicle - PPD Automotive use only)				
Department Name				
ORG Code	PR #	INDEX & ACCT # (Maintenance)	INDEX & ACCT # (Insurance)	
		-	-	
Receiving Department				
Department Name				
ORG Code	PR #	INDEX & ACCT # (Maintenance)	INDEX & ACCT # (Insurance)	
		-	-	

Part 3 - Authorization

Transferring Department (If issuing vehicle - PPD Automotive use only)		
Printed Name	Authorized Signature (Dean, Chair, or Director)	Date
Receiving Department		
Printed Name	Authorized Signature (Dean, Chair, or Director)	Date

NOTE:(1) Insurance premiums are not pro-rated and are effective the first day of the month following transfer.

(2) Fax by the 25th day of the month

Office Use Only:

Safety and Risk Services (Insurance)

Printed Name _____ Authorized Signature _____ Date _____

PPD Automotive (Maintenance)

Printed Name _____ Authorized Signature _____ Date _____

- Distribution: Safety & Risk Services PPD Automotive & Fleet Services
 Purchasing – Fuel Card Admin Inventory Control
 PPD – Work Control