



Facilities Services

New Equipment Intake Form

Date of Purchase: \_\_\_\_\_

Team Purchased For: Maintenance Department

New Item Type

Vehicle:  Utility Vehicle:  Motorized Tool:  Non-Motorized Tool:

Building Equipment:

Item Condition

New:  Used:

If used give a more detailed condition description: \_\_\_\_\_

Cost of Purchase (If trade in was used in purchase, provide original cost and cost after trade in): \_\_\_\_\_

*(Fill out line items that apply to your equipment item i.e. if it is not a vehicle, leave license plate field blank)*

Year: _____	Serial #: _____
Make: _____	Model/Model #: _____
License Plate: _____	VIN: _____
Vendor Name: _____	Manufacturer: _____
Warranty Date (if applicable): _____	Registered Date (if applicable): _____

PO/SPO # (if applicable): _____
A-Card Used (if applicable): _____
Speedtype: _____

Primary Driver/Assigned to (if applicable): _____
Location Inventory is installed/stored: _____
Have you provided the WCC with photos? _____
If not, please schedule a time with WCC – Scheduled date: _____

Team Supervisors Signature \_\_\_\_\_ DATE: \_\_\_\_\_

<b>***For WCC Only***</b>	
Has the Catalog and TMA been updated? _____	Date Completed: _____
WCC Signature: _____	Date: _____