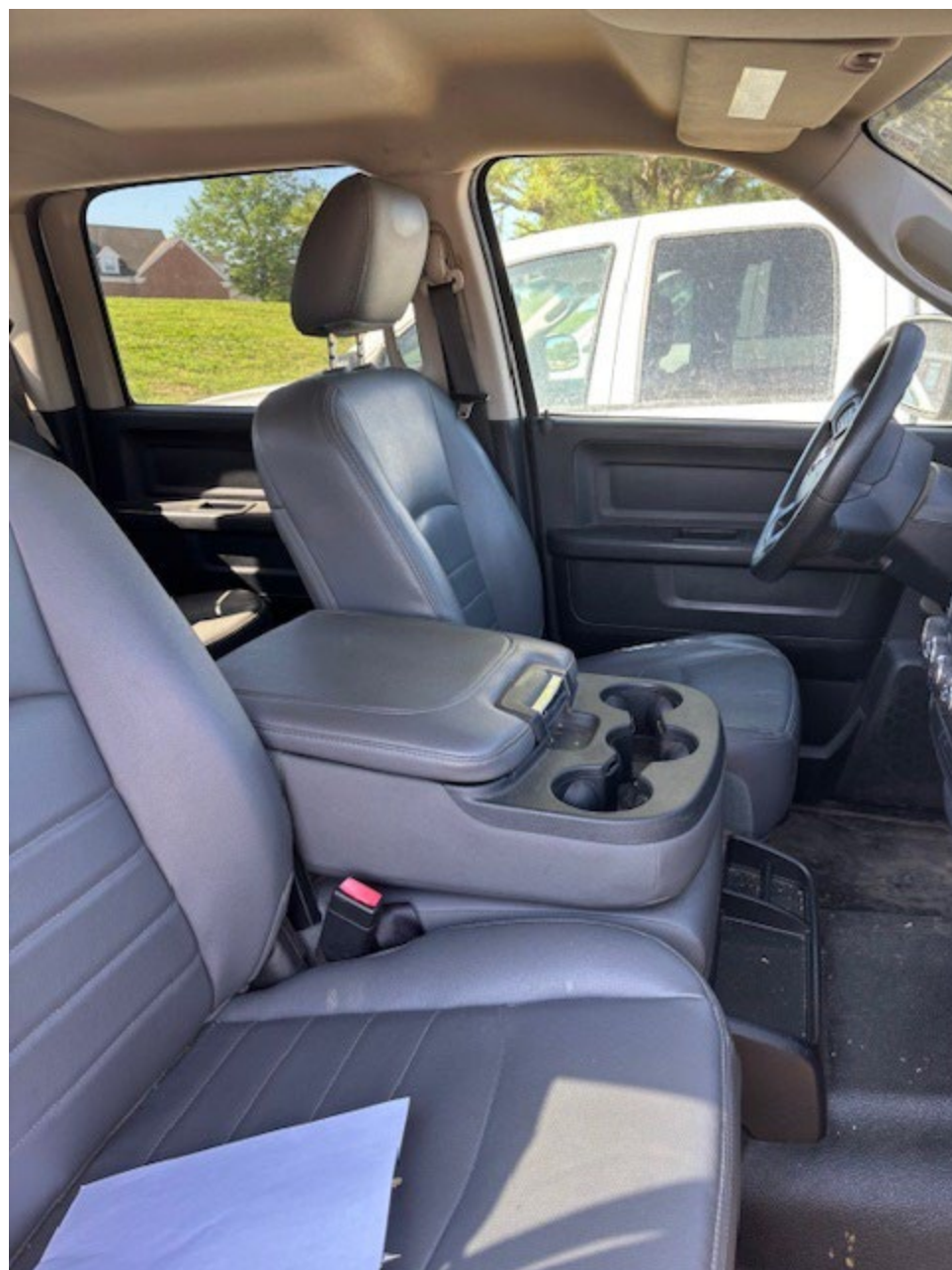


## GovDeals Vehicle Inspection Form

<b>Inventory ID:</b> _____	<b>Asset Number:</b> _____	<b>Fair Market Value:</b> _____																		
<b>Short Description:</b> Year _____ Make _____ Model _____																				
<b>VIN:</b> <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 200px;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> Title Restriction: <input type="checkbox"/> Y <input type="checkbox"/> N																				
<b>Mileage/Odometer:</b> <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 100px;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> Odometer Accurate <input type="checkbox"/> Y <input type="checkbox"/> N: _____																				
<b>Long Description:</b> This Vehicle: <input type="checkbox"/> Starts <input type="checkbox"/> Starts with a Boost & <input type="checkbox"/> Runs <input type="checkbox"/> Does Not Run <input type="checkbox"/> For Parts Only <b>Engine- Type:</b> _____ L, V _____ <input type="checkbox"/> Gas <input type="checkbox"/> Diesel Engine Engine Condition: <input type="checkbox"/> Runs <input type="checkbox"/> Needs repair <input type="checkbox"/> is in unknown condition Repairs needed: _____ This vehicle was maintained every _____ <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Miles Date Removed From Service: _____ Maintenance Records: <input type="checkbox"/> Available <input type="checkbox"/> Not Available For Inspection <b>Transmission:</b> <input type="checkbox"/> Automatic <input type="checkbox"/> Manual _____ Speed Transmission Condition: <input type="checkbox"/> Operable <input type="checkbox"/> Needs repair <input type="checkbox"/> Is Unknown Condition Repairs Needed: _____ <b>Drivetrain:</b> <input type="checkbox"/> 2 Wheel Drive <input type="checkbox"/> 4 Wheel Drive Condition: _____																				
<b>Exterior:</b> Color: _____ <b>Windows:</b> <input type="checkbox"/> No Cracked Glass <input type="checkbox"/> Cracked _____ Minor: <input type="checkbox"/> Dents <input type="checkbox"/> Scratches <input type="checkbox"/> Dings <b>Tire Condition:</b> <input type="checkbox"/> Low _____ <input type="checkbox"/> Flat _____ Hubcaps <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Major Damage to: _____ Additional Damage: _____ Decals: <input type="checkbox"/> None <input type="checkbox"/> Have Been Sprayed or <input type="checkbox"/> Have been Removed & <input type="checkbox"/> Impressions Remain <input type="checkbox"/> No Impressions Emergency equip: <input type="checkbox"/> None <input type="checkbox"/> Has been removed & <input type="checkbox"/> There are holes in the exterior <input type="checkbox"/> There are no holes																				
<b>Interior:</b> Color _____ <input type="checkbox"/> Cloth <input type="checkbox"/> Vinyl <input type="checkbox"/> Leather Damage to Seats: _____ Damage to Dash/Floor: _____ Radio: <input type="checkbox"/> Stock or <input type="checkbox"/> Brand & Model: _____ <input type="checkbox"/> AM <input type="checkbox"/> AM/FM <input type="checkbox"/> AM/FM Cassette <input type="checkbox"/> AM/FM CD <input type="checkbox"/> AC (Condition: <input type="checkbox"/> Cold <input type="checkbox"/> Unknown) <input type="checkbox"/> No AC Air Bags <input type="checkbox"/> drivers side <input type="checkbox"/> dual <input type="checkbox"/> Cruise Control <input type="checkbox"/> Tilt Steering <input type="checkbox"/> Remote Mirrors <input type="checkbox"/> Climate Control Power: <input type="checkbox"/> Windows <input type="checkbox"/> Door Locks <input type="checkbox"/> Steering <input type="checkbox"/> Seats																				
<b>Additional Equipment:</b> _____ Manufacturer _____ Model _____ Serial # _____																				
<b>Location of Asset:</b> _____ <b>For more information contact:</b> _____ <b>Reminder:</b> Do not close items on or surrounding a Holiday, on Friday nights, or Weekends. Stagger closing times by 10 minutes.																				

















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Report Number 102014

Accounting Date \* 10/14/2014

Accounting Method \* Original Acquisition - 1-Own Funds

Auditor's Method AA-Own Funds

Accounting Description

Accounting Cost \* \$20,293.00

PO Number 13402281

PO Line

Voucher 11502504

Fund 335168

Organization 080100

Account 408220

Program 027000

Activity

Contract 070-31-45553-0

Vendor ROUNDTREE CHRYSLER D

In-Service Date 08/18/2014

Proceeds

[Back](#)**► Depreciation**