

WisDOT/Program Administrator Asset, Equipment, and Vehicle Record Form



Bureau of
Highway Maintenance
Roadside Facilities

Property Location: _____
(Ex.- Rest Area 106; Wayside 62-02 Readstown; SWEF 21 Kenosha)

Name of Person Completing: _____ Date: _____

Please check a Box Below and Follow the Comments:

- IF NEW RECORD:** Complete form in its entirety.
- IF RECORD EDIT:** Enter changes below in the New Record Name Section.
- IF INACTIVE RECORD:** Note Record Name, Serial #, & Model # in the OLD Record Name Section.

New Record Name:

Record Name:	Serial #:
Manufacturer:	Model #:
Vendor:	

Purchase Information:

Purchase Date:	Purchase Amount \$
Purchase Order #:	

If NEW Record is a Replacement for an EXISTING Record, Please Complete Below:

Old Record Name:

Record Name:	Serial #:
Manufacturer:	Model #:

If you provide a copy of the Warranty with this form, you do not need to complete the information requested below. If you do not provide a copy of the warranty, please complete the information requested below.

Warranty Information:

Effective Date:	Expiration Date:
Warranty Vendor:	Warranty Phone:
Maintenance Vendor:	Maintenance Phone:

This form is to be completed **upon purchase** of any new Asset, Equipment Piece, or Vehicle and **returned with** photos of the Record Item, photo of the Info Tag, and any Receipts, Invoices, POs, etc. immediately to bhm.financials@kapurinc.com. If any of the information above is not completed in its entirety and the required documentation, photos, etc., are not included, the form will be returned, and information will be supplied to let you know of what is missing.