VEHICLE HANDING OVER CHECKLIST

Company name or merchant / Agent /P-Beater	
Address of the company/merchant/agents	
	Postal code
	Telephone no.
Reason for handing over of departmental vehicle	
Name of Department	
Name of Component	
Transport Officer: Name and Surname	
Contact telephone number	
Job Pre-Authorization	
Authorization number	

Date	D D M M Y Y Y Y	Odometer reading	

Reg No.		Accessories					
Make		Jack	Yes	No	Wheel spanner	Yes	No
		Spare wheel	Yes	No	Triangles	Yes	No
		Hub Caps	Yes	No	Mats	Yes	No
Vehicle Model		Other					
Type of radio							
Number of keys handed over							

Tyre brand and condition (state whether good or unlawfully replaced or changed /missing/stolen)			
Front Right	Good / Moderate / Poor	Rear Right	Good / Moderate / Poor
Front Left	Good / Moderate / Poor	Rear Left	Good / Moderate / Poor
Tyre Brand Front Right		Tyre Brand Rear Right	
Tyre brand Front Left		Tyre Brand Rear Left	

Fuel gauge (amount of fuel left at the time of repairs, P/beating, services, B/down ect)									
Full		3/4		1/2		1/4		Empty	

Driver: Name & surname		Name: Company sales Representative	
Persal Number		Signature	
Signature		Date	D D M M Y Y Y Y
Date	D D M M Y Y Y Y		

REMARKS