

Urban Capital Asset Information Sheet- Multimodal Division

Agency Name: _____ Date Sheet Completed: _____

Agency Address: _____

Agency Telephone Number: _____ Contact Person: _____

VIN or Serial Number: _____ Verified on Asset: Yes No

Year: _____ Make: _____ Type of Vehicle: _____ ADA Vehicle: Yes No

License Plate: _____ Usage of Asset: _____ Condition of Asset: _____

Location of Vehicle: _____ Delivery Date: _____ Beginning Date of Active Service: _____

Agency Assigned Number: _____ Useful Life Benchmark (Required by TAM): _____

Depreciation Method: _____ Number of Years for Useful Life: _____

Complete One: Monthly Depreciation Amount: _____ *or* Yearly Depreciation Amount: _____

Total Cost of the New Asset: _____

Budget Details 1: Funding Source Program: _____

Federal Grant Number: _____ F & A Contract Number: _____

Project Number: _____ Check Number of Vendor Payment: _____

State Share %: _____ Amount Paid: _____

(Both percentages and total amount of State Interest being reimbursed must be included)

Budget Details 2: (Completed if Asset is paid with 2 grants.) Additional Funding Source Program: _____

Federal Grant Number: _____ F & A Contract Number: _____

Project Number: _____ Check Number of Vendor Payment: _____

State Share %: _____ Amount Paid: _____

(Both percentages and total amount of State Interest being reimbursed must be included)

Budget Details 3: Completed if Asset is paid with 3 grants. Additional Funding Source Program: _____

Federal Grant Number: _____ F & A Contract Number: _____

Project Number: _____ Check Number of Vendor Payment: _____

State Share %: _____ Amount Paid: _____

(Both percentages and total amount of State Interest being reimbursed must be included)

Include this form with all invoices submitted to TDOT for reimbursement of assets with value of at least \$5,000

Revised: March 2019