



WisDOT/DSPN Roadside Facilities
Equipment & Vehicle Record Form



Service Provider: _____

Name of Person Completing: _____ Today's Date: _____

Section #1

ADD Equipment or Vehicle Record Please complete the information below. **Items in RED are required fields.

Is this Piece of Equipment an Attachment to an Existing Piece of Equipment or Vehicle? YES or NO (Please Mark One)
If Yes, specify what Piece of Equipment the New Piece of Equipment is to be attached to and proceed to the "New Equipment or Vehicle Record Information Section:

Host Equipment or Vehicle Record Name:
Host Equipment or Vehicle Record Serial Number:
Host Equipment or Vehicle Record Model Number:

If NO, proceed to the "New Equipment or Vehicle Record Information Section.

NEW Equipment or Vehicle Record Information

Table with 4 columns: Equipment or Vehicle Record Name, Manufacturer/Make, Equipment or Vehicle Record Description, Model #, Vendor/Purchased From, Serial or VIN #.

Purchase Information:

Table with 4 columns: Purchase Date, Purchase Amount, Estimated Life (yrs.), Purchase Order #, Est Repl. Cost.

Location Information

Table with 4 columns: Property/Site Location, Floor/Space, Quantity Available, Room/Area.

Section #2

REMOVE Equipment or Vehicle Record Please complete the information below. **Items in RED are required fields.

Equipment or Vehicle Record to be Replaced

Table with 4 columns: Equipment or Vehicle Record Name, Model #, Manufacturer/Make, Serial or VIN #.

Once this form is completed, attach any receipts, and include with your Monthly Invoicing Submission to the Roadside Facilities Work Program Financial Manager, Susan McCann at smccann@dspn.org