AUTHORIZATION TO PURCHASE EQUIPMENT FOR A SPONSORED FEDERAL PROJECT

Instructions:
Items 1 and 2 should be completed by the Principal Investigator/Project Director (PI/PD), appropriate signatures applied, and with completed TechBuy Requisitions, forwarded to the Office of Sponsored Programs. This authorization is required for equipment that costs $5,000 or more, but includes equipment for a lesser amount when the equipment is a component of a capitalized system. Free-standing equipment items for less than $5,000 are excluded from this procedure.

1. **PRE-PROCUREMENT CAMPUS SEARCH**

   - Account No: ________________________________
   - Project Expiration Date: ________________________________
   - PI/PD: ________________________________
   - Account Title: ________________________________
   - 

   Equipment item(s) listed in contract/grant and total cost per item:
   - ________________________________ $ ________________
   - ________________________________ $ ________________
   - ________________________________ $ ________________
   - ________________________________ $ ________________

   Equipment item(s) NOT listed in contract/grant and total cost per item:
   - ________________________________ $ ________________
   - ________________________________ $ ________________
   - ________________________________ $ ________________
   - ________________________________ $ ________________

   In compliance with HSCEP OP 72.04, a website search of property inventory has been performed with the following results:
   - ( ) There is (are) no similar piece(s) of equipment on the list.
   - ( ) There is (are) _________ similar piece(s) of equipment on the list; however, it (they) is (are) not satisfactory or I am unable to obtain it (them) for use on this contract or grant because:
   - 

   PI/PD Signature: ________________________________ Date: ________________________________
   PI/PD's Department Head Certification Signature: ________________________________ Date: ________________________________

2. **ALTERNATE FUNDING SOURCE IF 6 MONTHS OR LESS REMAINS IN THE PROJECT PERIOD**

   If the equipment is received after the expiration date, accept delivery, and charge to:
   - Alternate Account No.: ________________________________
   - Alternate Account Title: ________________________________
   - Alternate Account Manager (Name & Dept.): ________________________________
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   Account Manager, Alternate Account: ________________________________ Date: ________________________________
   PI/PD's Department Head Certification Signature: ________________________________ Date: ________________________________
3. **AUTHORITY TO PROCURE**

(To be completed by Sponsored Programs & forwarded to Purchasing.)

Terms of this contract or grant:
( ) Specifically authorize purchase of this (these) item(s) of equipment.
( ) Do not specifically authorize purchase of this (these) item(s) of equipment; however, purchase is authorized for the following reasons:


Sponsored Programs: ____________________________ Date: __________________

4. **AUTHORIZATION TO PROCURE DURING LAST 6 MONTHS OF CONTRACT OR GRANT**

Authority to procure this equipment during the last 6 months of the project is granted for the following reasons: (If more than 6 months remain before the termination of the contract or grant, insert "NA").

Sponsored Programs: ____________________________ Date: __________________

xc: Sponsored Programs Project File