

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER EL PASO

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.): _____

Account Manager, Alternate Account: _____ Date: _____
PI/PD's Department Head
Certification Signature: _____ Date: _____

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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