

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER EL PASO
Federal Equipment Purchase Form
AUTHORIZATION TO PURCHASE EQUIPMENT FOR A SPONSORED FEDERAL PROJECT

Instructions:

- Step 1: The Principal Investigator/Project Director (PI/PD), or designated department personnel, completes Sections 1 and 2.
 - Step 2: PI/PD or designee submits the form to Sponsored Programs.
 - Step 3: Sponsored Programs reviews and completes Sections 3 and 4, then returns the form to the PI/PD.
 - Step 4: The PI/PD attaches the fully approved Federal Equipment Purchase Form to the Tech Buy Requisition before submitting it.
- Note: This authorization process is mandatory for equipment costing \$5,000 or more. It also applies to equipment under \$5,000 if it is part of a capitalized system. Standalone equipment items costing less than \$5,000 are exempt from this procedure.

1. PRE-PROCUREMENT CAMPUS SEARCH

Fund Number: _____
 Fund Title: _____
 Project Expiration Date: _____
 PI/PD Name: _____

Equipment item(s) listed in contract/grant and total cost per item:	Location*	Cost
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Equipment item(s) NOT listed in contract/grant and total cost per item:	Location*	Cost
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

***Location and Ownership of Equipment.** All equipment purchased with federal funds remains the property of TTUHSCEP, unless specified in the grant. The equipment must be used exclusively for the purpose for which it was acquired as long as it is needed for that purpose. The equipment may not be sold, transferred, or otherwise disposed of without prior written approval from the federal awarding agency. Upon completion of the project or when the equipment is no longer needed, the equipment must remain at TTUHSCEP or disposed of in accordance with federal regulations. If equipment is not to be located at TTUHSCEP, prior approval from the sponsoring agency is required.

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 _____ Date: _____
 Certification Signature: _____ Date: _____

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER EL PASO
Federal Equipment Purchase Form
AUTHORIZATION TO PURCHASE EQUIPMENT FOR A SPONSORED FEDERAL PROJECT

2. ALTERNATE FUNDING SOURCE (6 MONTHS OR LESS REMAINS IN THE PROJECT PERIOD)

If the equipment is received **after** the expiration date, accept delivery and charge to:

Alternate Fund Number: _____

Alternate Fund Title: _____

Alternate Fund Manager (Name & Dept.): _____

Fund Manager, Alternate Fund: _____ Date: _____

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

**Section 3 and 4 to be completed by Sponsored Programs & forwarded to Principal Investigator/
Project Director and designee.**

3. AUTHORITY TO PROCURE

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

Name: _____ Date: _____

Signature: _____

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

Name: _____ Date: _____

Signature: _____

Explanation: _____

xc: Sponsored Programs Project File