UNIVERSITY OF CENTRAL FLORIDA RESEARCH FOUNDATION, INC.

12201 Research Parkway, Suite 501
(407) 823-5278

EQUIPMENT PURCHASE REQUEST (E-1)

For equipment with a purchase price equal to or greater than $5,000

Date: _____ P.I.: _____ **Project #:** _____ 10 Digits

Project Name: _____

Check Payable To: _____ Fed ID: _____

Remittance Address: _____

_____

Amount: $ _____

Description of Equipment: _____

Justification: _____

_____

Send Check To: Contact Person ☐ Vendor ☐ Other: ☐ _____

Special Instructions: _____

Contact Person: _____ Department: _____

Email: _____ Telephone #: _____

I hereby acknowledge that this equipment will be donated to the University of Central Florida, and in so doing, I agree to any restrictions or guidelines that may apply. Any exception must have approval from the Vice President for Research at the University of Central Florida.

PI Approval: _____ Date: _____

Chairperson, Dean, Director, or V.P. Approval: _____ Date: _____

Note: 1) **This form must have <u>two</u> signatures**, one from the Principal Investigator and one from someone above the PI. If the PI is the Dean or Director, then the appropriate Vice President must sign.
2) **An <u>original</u> invoice or price quote must be attached**.
3) The PI must complete Page 2 of this form and return it, along with Page 1, to the UCFRF Business Office.

Business Office Approval: _____

University of Central Florida
Property Inventory

Dear Property Manager:

The equipment listed below was purchased with private research funds from the University of Central Florida Research Foundation. I would like to donate the equipment to the University of Central Florida.

Department:	
UCF Dept. PS Account #	4910 - (8 digits)
Location of Equipment (Bldg. # and Room #)	Bldg.: _____ Room: _____
Equipment Description:	
Serial # (if applicable):	
Purchase Date:	
Purchase Price:	
Principal Investigator:	
Please mail the decal to:	Attn: _____ Bldg.: _____ Room: _____
Contact Name and Phone #:	Name: _____ Phone #: _____

Sincerely,

_____
Principal Investigator Signature

UCFRF Project # _____
(Should correspond to project # on page 1)
(Send to UCFRF AND Tereasa Clarkson or Jannette Colon, F&A Property & Inventory Control)