

SENSITIVE EQUIPMENT Purchasing Request Form

All single item purchases over **\$200** must be approved prior to purchasing, regardless of funding source. A copy of this form is to be retained with purchasing information (e.g., credit card Log, MPR, etc.). Unauthorized purchases can result in suspension of University of Maryland Visa Purchasing Card and no support from Regional IT Coordinator. *[Reference AGNR Administrative Procedure – Sensitive Equipment, dated 2/1/06 for details].*

Department/Unit: _____ **Date:** _____

Requestor Name/Title: _____

Responsible Party (if not the requestor): _____

ITEM INFORMATION

Description of Item(s) Requested for Purchase (attach additional description if needed)

Quote received? Vendor Name? _____ Quote #: _____

Justification for this purchase:

Is this a new item or a replacement? If it is a replacement, please indicate disposal instructions for replaced equipment. You must follow the [UMCP procedures for replaced sensitive equipment](#), return the item to [Terrapin Trader](#) and/or coordinate with IT.

FUNDING INFORMATION

Estimated Cost Per Item	Quantity Requested	Estimated Total Expenditure
\$		\$

List all Funding Source(s) and Amount(s) Budgeted:

KFS # _____ Budgeted Amount _____
 KFS # _____ Budgeted Amount _____

Purchasing Method (PCARD/MC):

APPROVALS:

 AED/CED or Unit Supervisor Date

OR

 ADO or Business Manager (for REC purchases) Date

 Regional IT Coordinator Date
 (for computer, projector, printer purchases)

Inventory Info

Purchase Date: _____

Received Date: _____

_____ Actual Cost:
 _____ Actual

Vendor: _____ Make/

Model: _____ Serial

Number: _____

Equipment Location: _____

Added to local Sensitive Equipment

Inventory List (Y/N): _____

UMD Inventory Code: _____