



## Equipment Survey Form

For all purchases of items or equipment costing over \$5,000 and which have a useful life of more than one year.

### **Checklist:**

- I have determined there is no possible availability of this equipment for the use of this of project within the Medical College.
- I have determined through the WCMC Department of Finance that comparable equipment is not available for use on this project\*.
- I have determined that this or comparable equipment is not available at another site.

### **Justification:**

How did you determine the availability of this equipment within the Medical College?

What are the reasons why you cannot use other comparable equipment located within the Medical College? Please explain:

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Signature: Principal Investigator / Date

\* Ask your Department Administrator (DA) to check "FRS screen Fx1". From 2010 and after, DA would check "SAP Asset Report".