Office Against Interpersonal Violence

Equipment Purchase Form

(Below $5000)

Name of Program: Subgrant Award Number:

Funding Source: □ DV □ FVPSA □ PHHS □ RPE □ STOP □ SASP □ VOCA

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| --- | --- | --- | --- | --- | --- |
| Type of Equipment | Serial Number | Equipment Location | Date of Purchase | Purchase Amount | |
| Federal | Match |
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**Instructions for Completion of Equipment Purchase Form (Below $5000)**

1. Type of Equipment - Provide a brief description of the equipment, including brand name and model number.
2. Serial Number - Provide the serial number of the equipment as determined by the manufacture.
3. Equipment Location - Indicate the physical location of where the equipment can be found. Ex: *Ridgeland*; *Suite 102 in Heather’s office.*
4. Date of Purchase - This is the date the equipment was acquired.
5. Purchase Amount - This is the purchase price of the equipment. Indicate the cost paid for the equipment from Federal or Match Funds under this sub-grant.