

Date: \_\_\_\_\_

# EQUIPMENT PURCHASE INFORMATION

(Please Print or Type Only)

Vendor Name (If Known) \_\_\_\_\_

Service Center Account Alias \_\_\_\_\_

Description	Qty.	Dollar Amount	Affiliation <sup>1</sup> Organization Number	Primary Location <sup>2</sup> Bldg. & Room (See note if off campus)	Contact Person Address & Phone	If Upgrade to UAB Equipment Existing Tag No.

**Additional Information for Trade Ins, etc. :** (See instructions on the reverse side of this form)

\_\_\_\_\_  
\_\_\_\_\_

Form Completed by: \_\_\_\_\_

(Please Print)

Phone No.: \_\_\_\_\_

EA form number: EPI 2001  
Rev. 10.125

<sup>1</sup> The 9 digit Oracle organization number which is accountable for this equipment when physical inventory is taken. This may differ from the purchasing organization.

<sup>2</sup> If item is to be used at a non-UAB location, documentation must be attached that justifies the off-campus, official business use of the equipment and the expected return date.

# INSTRUCTIONS

Complete and attach this form to the purchase order requisition when ordering equipment with a unit cost of \$2,000 or greater for hospital purchases, \$10,000 or greater for non-hospital purchases.

## VENDOR

Write the name of the vendor providing this equipment.

## SERVICE CENTER ACCOUNT ALIAS

If this equipment is to be affiliated with a UAB service center, list the Oracle GL operating account alias for this service center.

## DESCRIPTION

Provide a concise yet informative description of the item. (i.e. WW30 IBM wheelwriter typewriter, incubator shaker w/platform, etc.) If you are purchasing a large system that cannot be simply defined, explain what functions it performs and/or its application.

## QUANTITY

List the number of identical items in the same location.

## DOLLAR AMOUNT

Enter the total cost or catalog amount for each complete equipment item.

## AFFILIATION ORGANIZATION NUMBER

Furnish the 9 digit Oracle Organization number that will be responsible for the equipment item. This is not necessarily the department that is purchasing the unit. This will be the Organization that will assume ownership of the item and will be reflected in the department's equipment inventory records. The Oracle purchase account will not change.

## PRIMARY LOCATION

List the primary location (i.e. building and room) for each equipment item ordered. When ordering more than one identical item, use a separate line to detail each different location. If the equipment is to be used at an off campus location or non-UAB facility, provide the name of the facility where the equipment will be located and the expected date of return. Also complete and attach "additional information" per the instructions below.

## CONTACT PERSON

Person most capable to answer questions regarding this item(s). This is usually the equipment operator or a principal investigator. Include address and phone number.

## UPGRADE TO UAB EQUIPMENT (EXISTING TAG NUMBER)

If your department is purchasing a capital equipment item that will become an integral component of another piece of equipment currently owned by the University, supply the UAB property number of the primary piece of equipment. For example, an ethernet adapter card or a motherboard to be installed into a computer; or a dual teaching head to be attached to a microscope. If the property number is not available, provide the serial number or original purchase order number. Only UAB owned equipment can be upgraded with items purchased by UAB.

## ADDITIONAL INFORMATION

Instances in which supplementary information is needed:

Trade-ins: Supply the UAB property number and serial number of the equipment item that is being traded and the Equipment Disposition Form number.

Temporary location: Items delivered to another location for inspection or testing prior to installation at permanent location. (i.e. patient care equipment delivered to Bio-Med for calibration.)

Partial payments: Provide a payment schedule and projected completion/start-up date.

Fabrication: Print on this form "for fabrication of equipment" and provide name for item.

Non-UAB location: Provide the off campus location and contact person as well as the date the equipment is scheduled to be returned to UAB. Attach documentation that justifies the business related off-campus use of the item.

Any other unusual equipment purchase situations.

**NOTE: When submitting an advance purchase order to the vendor, please inform them that they must provide equipment serial number(s) on all invoices submitted to UAB for payment.**