**EQUIPMENT ACQUISITION Form**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| GRANTEE NAME |  |  | GRANT NUMBER |  |

1. Report equipment with a total **individual** cost of $500 or more and a useful life of 2 years or more.

2. **REMINDER - Notify Governor’s Traffic Safety Committee prior to disposing of equipment.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date Received | Equipment Description | Serial Number/ Inventory Number | Cost | Location |
|  |  |  | $ |  |
|  |  |  | $ |  |
|  |  |  | $ |  |
|  |  |  | $ |  |
|  |  |  | $ |  |
|  |  |  | $ |  |

I certify that I have examined this record and to the best of my knowledge the information contained herein is true and correct.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Project Director or Fiscal Agent Name and Title  |  |  | Date: |  |