**FORM**

**USC 1**

**UNIVERSITY SUPPLIES COMMITTEE**

*(This form must be filling by all those who request any equipment/vehicles/furniture. Consumables and stationary requirement is not covered by this form)*

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| **No.** | **Information required** | **To be filled by the Requester** |
| **1** | Equipment Requested and Quantity (Use a separate form for unrelated equipment) |  |
| **2** | Date submitted to the USC |  |
| **3** | Name of the Requester  Email address  Telephone Number |  |
|  |
|  |
| **4** | Position of the Requester |  |
| **5** | Who will be responsible for the equipment (position) |  |
| **6** | Where will the equipment be placed |  |
| **7** | Department/Division |  |
| **8** | Faculty |  |
| **9** | Approval of the HOD/Unit Head with the date |  |
| **10** | Whether included to the current year Procurement Plan. If no, Why? |  |
| **11** | When do you want the equipment  (please note that the total procurement  process will take at least three months) |  |
| **12** | The source of funding for the equipment |  |
| **13** | Short Description of the  Equipment  (Specifications and a photograph/diagram to be attached. |  |
| **14** | Rough price range |  |
| **15** | Availability of Funds  (should be signed by the Asst. Bursar/Snr. Asst.  Bursar of the faculty) | Funds available Funds Not available |
| Comments if any &  Signature |
| **16** | Intended purpose of the equipment along with the users |  |
| **17** | The estimated number of users (per week) |  |
| **18** | Do you have one or more equipment that serve the same purpose? How many |  |
| **19** | The current state of the existing equipment (state separately if more than one equipment) |  |
| **20** | If they are not usable, what action have you taken regarding them |  |
| **21** | Date on which the existing equipment purchased (Pl. specify the year) |  |
| **22** | Approval of the Dean/Registrar (as applicable) with the date |  |

* Please note that no cage should be kept blank.