**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.