

# TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER

## AUTHORIZATION TO PURCHASE EQUIPMENT FOR A SPONSORED FEDERAL PROJECT

### Instructions:

Items 1 and 2 should be completed by the Principal Investigator/Project Director (PI/PD), appropriate signatures applied, and with completed TechBuy Requisitions, forwarded to the Office of Sponsored Programs. This authorization is required for equipment that costs \$5,000 or more, but includes equipment for a lesser amount when the equipment is a component of a capitalized system. Free-standing equipment items for less than \$5,000 are excluded from this procedure.

### 1. PRE-PROCUREMENT CAMPUS SEARCH

Account No: \_\_\_\_\_  
Project Expiration Date: \_\_\_\_\_  
PI/PD: \_\_\_\_\_  
Account Title: \_\_\_\_\_

Equipment item(s) listed in contract/grant and total cost per item:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Equipment item(s) NOT listed in contract/grant and total cost per item:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

In compliance with HSC OP 72.04, a website search of property inventory has been performed with the following results:

(     ) There is (are) no similar piece(s) of equipment on the list.  
(     ) There is (are) \_\_\_\_\_ similar piece(s) of equipment on the list; however, it (they) is (are) not satisfactory or I am unable to obtain it (them) for use on this contract or grant because:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PI/PD Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
PI/PD's Department Head  
Certification Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### 2. ALTERNATE FUNDING SOURCE IF 6 MONTHS OR LESS REMAINS IN THE PROJECT PERIOD

If the equipment is received **after** the expiration date, accept delivery, and charge to:

Alternate Account No.: \_\_\_\_\_  
Alternate Account Title: \_\_\_\_\_  
Alternate Account Manager (Name & Dept.): \_\_\_\_\_

Account Manager, Alternate Account: \_\_\_\_\_ Date: \_\_\_\_\_  
PI/PD's Department Head  
Certification Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### 3. AUTHORITY TO PROCURE

(To be completed by Sponsored Programs & forwarded to Purchasing.)

Terms of this contract or grant:

(     ) Specifically authorize purchase of this (these) item(s) of equipment.

(     ) Do not specifically authorize purchase of this (these) item(s) of equipment; however, purchase is authorized for the following reasons:

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Sponsored Programs: \_\_\_\_\_ Date: \_\_\_\_\_

### 4. AUTHORIZATION TO PROCURE DURING LAST 6 MONTHS OF CONTRACT OR GRANT

Authority to procure this equipment during the last 6 months of the project is granted for the following reasons: (If more than 6 months remain before the termination of the contract or grant, insert "NA").

Sponsored Programs: \_\_\_\_\_ Date: \_\_\_\_\_

xc:            Sponsored Programs Project File