

UTAH STATE UNIVERSITY
Screening Record Form

Requisition Number: _____

Date Received: _____

Requesting Department: _____

Requested by: _____

Approximate Cost: _____

Description: _____

Make: _____

Model: _____

Similar Equipment in Inventory:

Yes	No
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Departments Having Similar Equipment:

Inventory Number	Department	Responsible Person	Contact Phone	Yes/No	Contact Date

Screening procedure did/did not disclose similar equipment available for use as indicated above.

 Approved by

 Date

Equipment Management Services; Phone 797-1999, FAX 797-1077, UMC 2400