

COST CATEGORY DETAIL: EQUIPMENT PURCHASE *INDIVIDUALLY* OF \$5,000.00 OR MORE
(Attach Purchase Documentation)

Grantee Name: _____

(1) Total Equipment Budget:

Project Number: _____

Original \$ _____

Federal Participation (%): _____

Revision No. _____ \$ _____

							GOHS USE ONLY		
(2) Claim No.	(3) Invoice No.	(4) Invoice Date	(5) Description of Equipment	(6) Serial Number/ ID Number	(7) Item Cost	(8) Location of Equipment	Equip No,	Type	Location

(9) Total \$ _____

When there is no longer a need for any of the above items to accomplish the purpose of the project, whether or not project continues to be assisted by federal funds, grantee agrees to use or dispose of such items in accordance with Property Management Standards in OMBA - 102 Attachment N. Grantee further agrees to immediately notify Governor's Office of Highway Safety in writing of all actions under the Standards.

Authorizing Official

Date

Title