



Office of the Vice President for Research

Request for Financial Assistance
Service Center Equipment Replacement

Service Center Name: _____

Service Center Account #: _____

Department/Lab/Center: _____

Profit Center #: _____

Equipment to be Replaced (if applicable)

Tag Number & Description: _____

Acquisition Year: _____

Original Funding Source: _____

Equipment to be Purchased *

Description: _____

Equipment Cost: _____

Amount of Assistance Requested: _____

Assistance Requested By (date): _____

Additional Funding Available: _____

(amounts & sources) _____

Service Center Supervisor: _____

(signature & date)

Department Head/Lab Director: _____

(signature & date)

* Please also attach a memo explaining the justification for this purchase.