



***Items in RED are mandatory**

Project Number *	Department / ORG	GNS Insurance Equipment
Task Number *	Expenditure Type	
Award Number*		

Equipment Type _____

Brand Name _____

Description _____

Model _____

Serial Number* _____

Decal Number* _____

New or Used _____

Is this a Renewal Y/N* _____

PO # (from purchase of this equipment) * _____

Location of Equipment _____

Current Value of Equipment _____

Insure for amount _____

Award Sponsor where premiur _____

Principal Investigator Name _____

Coverage Start Date _____

Coverage End Date - cannot be greater than Award end date _____

Statement of Applicability to Project <small>(Authorized signatory to certify that insured equipment is to be used for research funded by the sponsor(s) indicated herein</small>	Signature	Insurer AMSURE Associates P.O. Box 15044 Albany, N.Y. 12212
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Contact Information (name/phone) _____

Additional Notes _____

When costs are split with more than one P/T/A

Additional Project
Additional Task
Additional Award