[Project Letterhead]

Date:

To: Research Corporation of the University of Hawaii Project Administration

From: Email/Phone:

Re: Additional inventory information Project#:

PO#:

Amount:

Vendor: Payment Request #:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Item #1 | Item #2 | Item #3 |
| **1. DESCRIPTION** – Use generic names; (e.g. 3COM CELL PLEX = Interface card) |  |  |  |
| **2. BRAND NAME & MODEL NUMBER** – If none state NONE |  |  |  |
| **3. SERIAL NUMBER** – If none, state NONE |  |  |  |
| **4. COST OF ITEM** |  |  |  |
| **5. BUILDING NAME AND ROOM NO.** (Location of Equipment) |  |  |  |
| **6. EQUIPMENT COMPONENT:** If additional component can Cost is≥$1,000 and item will be incorporated or attached to a host/parent equipment item, provide Decal# or PO# of host/parent Standalone. (If not applicable, state N/A) |  |  |  |
| **7. FABRICATED EQUIPMENT:**(a) If initial purchase provide end product name (b) If attention to fabrication, provide Decal# or PO# of Initial fabrication purchase (If not applicable, state N/A in both (a) and (b)) | (a) Product Name | (a) Product Name | (a) Product Name |
|  |  |  |
| (b) Decal# or PO# | (b) Decal# or PO# | (b) Decal# or PO# |
|  |  |  |
| **8. EQUIPMENT RECEIVED DATE** |  |  |  |

(Rev 05/16)