

UNIVERSITY OF ALASKA CERTIFICATION OF SCREENING

**** THIS SECTION TO BE COMPLETE BY DEPARTMENT REQUESTING PURCHASE OF EQUIPMENT****

CAMPUS:

DEPARTMENT:

PURCHASE REQUISITION NUMBER:

CONTRACT OR GRANT NUMBER:

PROPERTY DESCRIPTION:

APPROXIMATE VALUE:

MANUFACTURER & MODEL NUMBER:

OTHER COMMENTS:

COMPLETED BY:

PHONE #

DATE:

**** THIS SECTION TO BE COMPLETED BY PROPERTY COORDINATOR SCREENING THE PROPERTY FILE****

The above described item of property has been screened against our assets. This form certifies that:

NO SIMILAR OR LIKE ITEM WERE IDENTIFIED

SIMILAR OR LIKE ITEMS WERE IDENTIFIED BUT NOT AVAILABLE FOR THIS REQUIREMENT.

SIMILAR OR LIKE ITEMS WERE IDENTIFIED, BUT A TRANSFER WOULD NOT BE COST EFFECTIVE DUE TO SHIPPING COSTS.

SIGNATURE OF CAMPUS PROPERTY COORDINATOR

DATE

NOTE: THE ORIGINAL SIGNED SCREENING FORM MUST BE FORWARDED TO THE PURCHASING OFFICE TO BE MAINTAINED AS BACK-UP WITH THE PURCHASE ORDER.