

UTAH STATE UNIVERSITY  
**Screening Record Form**

Requisition Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

Requesting Department: \_\_\_\_\_

Requested by: \_\_\_\_\_

Approximate Cost: \_\_\_\_\_

Description: \_\_\_\_\_

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Similar Equipment in Inventory: Yes  No

**Departments Having Similar Equipment:**

Inventory Number	Department	Responsible Person	Contact Phone	Yes/No	Contact Date

Screening procedure did/did not disclose similar equipment available for use as indicated above.

\_\_\_\_\_  
 Approved by

\_\_\_\_\_  
 Date

Equipment Management Services; Phone 797-1999, FAX 797-1077, UMC 2400