EXHIBIT A

EQUIPMENT SCREENING CERTIFICATION
EQUIPMENT MANAGEMENT - ITEMS OVER $10,000
(Ref. PPM 522-2)

Purchase Order No. __________________________ Date_______________________

Contract or Grant No. (If Applicable) __________________________

UCSD Department Contact __________________________ Ext. _________

1. Equipment Description

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

2. Approximate Value __________________________

3. Manufacturer & Model No. (If Applicable) __________________________

4. Line Item Identification in Proposal, Contract, Grant (If Applicable)
Page __________________________ Item No. __________________

EQUIPMENT MANAGEMENT
ITEMS OVER $10,000

The above described item of equipment has been screened against campus equipment master file.

( ) No similar of like items were identified
( ) The below listed similar or like items were identified but not available for the stated reasons:

1. UCID ______________ Description______________________________
Explanation ______________________________________________________

2. UCID ______________ Description______________________________
Explanation ______________________________________________________
3. UCID _______________ Description__________________________________________________________
   explanation ______________________________________________________________________________
   (If more space is needed, use back of form)

Certification
Equipment Management