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