

REQUEST FOR EQUIPMENT MATCHING page 2

Required Signatures

The undersigned hereby agrees that, in the event of an award, he/she will purchase the equipment listed above in the stated manner. Any deviation from this will require prior approval.

Principal Investigator

*Other UGA Contributor

Department Head

Dean or Director (if required)

Reviewer Signature	Vice President: Authorized Signature	OVPB Accounting: Authorized Signature	Proposal/Matching No.
_____	_____	_____	_____
Date:	Date:	Date:	08/04 (www)

OVPBF Approved 10/01/01