

**Purpose of this Form:** To document the certification of screening a federally funded asset costing \$100,000 or more.

Department Name: \_\_\_\_\_

Description of Equipment: \_\_\_\_\_

Class Code: \_\_\_\_\_ Model Number: \_\_\_\_\_

Asset Class: \_\_\_\_\_ Manufacturer: \_\_\_\_\_

Primary Name: \_\_\_\_\_

Secondary Name: \_\_\_\_\_ Purchase Order Number: \_\_\_\_\_

This certifies that we have researched the availability of equipment campus-wide. We determined that there is no equipment available for sharing which is comparable to, or suitable for, the needs to be met by the above requested item. Those items researched are listed on a Property Accounting Services Department report, which is available in our department files.

Principal Investigator \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Business Manager or Property Officer \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Department Notes:

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PAS Use Only

Date received: \_\_\_\_\_

Date returned with list: \_\_\_\_\_

PAS Authorized Signature: \_\_\_\_\_

Submit this form to  
Property Accounting Services at  
[PropertyAccounting@andrew.cmu.edu](mailto:PropertyAccounting@andrew.cmu.edu).