

Equipment Requested:

Faculty Member:

A Number:

Department:

E-mail Address:

Phone #:

UAES Project(s) Supported:

Collaborating Faculty, their
Department, and UAES
Project Numbers:

Total Cost of Equipment:

Funds Requested from UAES:

Amount of Matching Funds:

Source of Matching Funds: RGS Other:

Faculty Member Signature

Department Head Signature