

UNIVERSITY OF LOUISVILLE  
APPLICATION TO USE GE CAPITAL MASTER LEASE

DEPARTMENT NAME \_\_\_\_\_ DATE \_\_\_\_\_

LOCATION \_\_\_\_\_

PEOPLESOFT DEPT. ID \_\_\_\_\_

REQUESTOR'S NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_

DESCRIPTION OF EQUIPMENT TO BE FINANCED:

\_\_\_\_\_  
\_\_\_\_\_

VENDOR NAME & ADDRESS - (Equipment Supplier)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TOTAL TO BE FINANCED \$ \_\_\_\_\_ OVER \_\_\_\_\_ MONTHS

<u>SOURCE OF FUNDING</u>	<u>SPEEDTYPE</u>	<u>EXPIRATION DATE</u>
U of L _____	_____	_____
U of L Foundation _____	_____	_____
* U of L Research Foundation _____	_____	_____
U of L Athletic Association _____	_____	_____

- **If multiple funding sources are used, identify percentage from each account**

\* Is funding from a sponsored activity (e.g., Grant, Contract, Cooperative Agreement)? \_\_\_\_\_ No \_\_\_\_\_ Yes  
If "Yes," requires Grants Management or Industry Contracts signoff. Please forward to appropriate director for signature.

\_\_\_\_\_  
Judy L. Bristow  
Director, Grants Management

\_\_\_\_\_  
David King  
Director, Industry Contracts

Controller office review:

\_\_\_\_\_  
RUSSELL S. HILL, ACCOUNTANT III

1. Is the above described equipment?

New \_\_\_\_ Replacement \_\_\_\_

2. If replacement, what is the age of the equipment being replaced?

\_\_\_\_\_ Years

3. What is the essential use of the equipment?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Where will the equipment be located:

Department \_\_\_\_\_

Room & Building \_\_\_\_\_

Campus/St. Address \_\_\_\_\_

The following statements to be confirmed by the Director or Department Chairman.

I agree to comply with both the University's policies and procedures for use of the Master Lease Program and with GE Capital Public Finance terms and conditions.

The equipment to be financed will be used by the University for exempt purposes and will not be subject to unrelated business income taxes.

I understand I am creating a financial obligation for my department, which cannot be terminated until all payments have been made. Upon execution of lease, I understand that the Program/Project Grant numbers that I have designated as a source of funding will be charged for the current fiscal year payments and at July 1st for each subsequent year.

**I understand and agree to purchase insurance through University Risk Management to cover the equipment financed on this Master Lease and the premium will be billed to my account.**

**Director or Department Chair:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name & Title: \_\_\_\_\_  
\_\_\_\_\_

**Dean or Vice President:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name & Title: \_\_\_\_\_  
\_\_\_\_\_