

UNIVERSITY OF LOUISVILLE
APPLICATION FOR 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.

K. R. "Trey" Bauer III, MPA, CRA
Interim Director, Sponsored Programs Admin.

Shannon Pipes
Sr. Associate University Counsel

Controller office review:

MATT CUSHING, 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.

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: _____
