



TriService Nursing Research Program Resource Center Equipment Request Form

Please note: All equipment must be purchased by The Geneva Foundation via TSNRP Cooperative Agreement .Equipment will be shipped directly to site or the requester if pandemic restrictions apply. Upon project completion, Geneva will issue applicable equipment transfer forms for equipment to remain on site.

1. Requestor Name

Site:

2. The specific items and anticipated costs are listed below. If additional items are needed please provide a second form.

Item Description	Number Requested	Est. Cost per Item	Total Cost	Vendor and hyperlink to item
TOTAL				

3. The project lead understands that TSNRP orders and issues all equipment that was approved by the project site. Project lead will inspect equipment upon arrival and notify TSNRP immediately of any issues. All equipment must remain at the project site during and after the completion of the project an equipment inventory will be completed as requested.

[Project Lead Name]

[Project Lead Signature]

4. Name and address for shipping equipment:

5. Site Equipment Approval Authority

[Name/Title/Phone/Email of Approval Authority]

[Signature of Site Approval Authority]

Request is Approved/Disapproved on

TSNRP Executive Director