EXHIBIT E29

The University of Texas at Dallas
Equipment Screening Certification

REQUISITION NO. **P.O. NO.**
REQUESTED BY: **DEPT.:**

ACCOUNT NUMBER(S) **VALUE:**

DESCRIPTION OF EQUIPMENT:

COMPLETE THE APPROPRIATE SECTION

For Equipment items costing at least $500 but not more than $1000

The above described item of equipment has been screened against the **Department inventory.** No such item or substantially similar item is available for shared use.

_____

Program Head/Center Director of Equivalent **Date**

For equipment items costing at least $1000 but not more than $5000

The above described item of equipment has been screened against the **University's inventory.** No such item or substantially similar item is available for shared use.

_____

Dean/Director/Vice President **Date**

For equipment items costing in excess of $5000

The above described item of equipment has been screened against the **inventory of UT-Dallas.**

____ No such item or substantially similar item is owned by the University.

____ Items similar to the above described equipment are owned by the University and **may** be available for shared use:

Location: _____

Custodian: _____

_____

Property Administrator **Date**

Rev. 12/91 **Form Number: E-29**