

Iowa Department of Public Health Equipment Acquisition Form

Agency: _____

Contract #: _____

Program Title: _____

Agency Contact: _____

Month of Claim: _____

Phone number: _____

Complete for equipment purchased during the month with grant funds. Attach a copy of the invoice for each item listed:

State tag number or contractor inventory number	
Description	
Physical Location	
Percentage of total cost paid with Department Funds	
Vendor Name	
Manufacturer's serial number	
Purchase price	
Date of acquisition	
Date of disposition (if known)	
Disposition Price (if known)	
Type of disposition (if known)	

10-2021