TIMH IN LEWICES LOS	DEPARTMENT OF HEALTH & HUMA	N SERVICES			Public Health Service National Institutes of Health		
					Memorandum		
Date							
From	Name	,	Title	,ICD	, Address		
Subject	Request for Purchase of Rented Equipment						
То	Manager, Scientific Equipmer	nt Resources Pro	gram, NCRR, Bldg	. 13, Room 3E	E62		
(ICD) requests to purchase the following pieces of equipment, which it is currently renting.							

(PLEASE DO NOT WRITE IN THESE COLUMNS 1, 2 3)

DESCRIPTION	OLD DECAL	NEW DECAL	SERIAL NO.	CUST. CODE	ORIG. COST	1	2	3
				TOTALS				

(Institute Exe	(Institute Executive Officer or Administrative Officer)						
Signature:		Date:					
Phone:	CAN						

FOR RENTAL OFFICE USE ONLY:		TALS PROVED:					

Manager, SERP

Date