

MEDICAL COLLEGE *of Georgia* FOUNDATION



Attachment B: Equipment Acquisition

This form must be submitted with all check requests when the total cost of the equipment purchased with MCGF funds exceeds \$5,000. This form will be submitted to the corporate accounting department of the applicable entity (university/hospital) to be reported as a capitalized asset. Please note that equipment purchased with MCGF funds is property of the applicable entity.

Acquisition Date _____

Department Contact _____

Total Cost of Purchase _____

Title _____

Department Purchasing _____

Telephone Number _____

Delivery Location _____

Campus Address _____

Equipment Description
(including manufacturer and model number)

A large, empty rectangular box with a dotted border, intended for the user to provide a detailed description of the equipment, including the manufacturer and model number.

Please submit this form, receipts and supporting documentation to:

MCG Foundation at 720 St Sebastian Way Suite 150 Augusta, Georgia 30901 (Attn: Accounts Payable)

Contact the MCGF Accounting Department with any questions: (706) 823-5500

Please refer to our Disbursement Policy for additional details located on our website, mcgfoundation.org