

PROJECT TITLE HSC Research Equipment Award - Taylor
 BRIEF DESCRIPTION Typhoon Laser Molecular Scanner
Imager for Sensitivity and quantitative analysis

 REQUESTING DEPT UNM Cancer Center
 CONTACT NAME & PHONE #: Somebody Sometime (505) 123-4567
 EMAIL somebody@ccctr.unm.edu

DATE 12-Dec-2013
 ORIGINAL _____
 REVISION _____

 JV # J0144444

SOURCE FUNDING: Step 2

INDEX #	DESCRIPTION (see [1] below)	Plant Fund Index #	AMOUNT	AUTH SIGNATURE & PRINTED NAME
<u>123456</u>	<u>Cost Share Funding Support</u>	<u>056789</u>	<u>\$5,000</u>	<u>John Hancock</u> _____ Authorized Signature
<u>456789</u>	<u>Cost Share Support, Other Dept</u>	<u>056789</u>	<u>\$10,000</u>	<u>John Hancock</u> _____ Authorized Signature
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

[1] If applicable, include agency name, restrictions, costshare, start/end dates, etc. (Attach add'l sheet if needed.)

FUNDING TOTAL: \$15,000

Step 3

Justification HSC Research Equipment Award for the versatile scanner for imaging radioisotopic labels and fluorescent stains.

Timeframe To be purchased before June 14, 2014

Step 4

Reversion Date 6/14/2014

OPERATIONS & MAINTENANCE COST PLAN: _____

Step 5

APPROVALS TO PROCEED:

SIGNATURE	PRINTED NAME	DATE
<u>Signature #1</u>	_____	_____
<u>Signature #2</u>	<u>Dean, Director or Chair</u> <u>Robert G. Fondino</u>	_____
<u>Signature #3</u>	<u>HSC Chief Budget and Facilities Officer</u> <u>Ava J. Lovell</u>	_____

Step 6

Signed form must be processed and received by the Budget Office.
SUBMIT COMPLETED FORM TO: HSC Budget Office , MSC 07 4340