**SOUTH CAROLINA DEPARTMENT OF COMMERCE**

**EQUIPMENT CONTROL RECORD FORM**

**(SEE INSTRUCTIONS ON BACK)**

|  |  |  |
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| (1) GRANT NUMBER | (4) GRANTEE NAME AND ADDRESS | (5) PROPERTY USE |
| (2) DISTRICT |
| (3) COUNTY NO. |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| (6) DOC I.D. NO. | (7) EQUIPMENT DESCRIPTION | | | | (8) SERIAL NUMBER | | (9) PURCHASE DATE | (10) COND. OF EQUIP. | |
| (11) FEDERAL FUNDS | | 1(12) LOCAL FUNDS | | 1(13) TOTAL UNIT COST | | (14) VENDOR NAME | | (15) INVOICE NUMBER | |
| (16) PROPERTY LOCATION | | | (17) **DISPOSITION DATA:** | | | (18) **DATE OF DISPOSAL** | | | (19) **SALES PRICE** |

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| (16) PROPERTY LOCATION | | | (17) **DISPOSITION DATA:** | | | (18) **DATE OF DISPOSAL** | | | (19) **SALES PRICE** |

(20) AUTHORIZED SIGNATURE: DATE: REVISED 5/97

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EQUIPMENT CONTROL RECORD FORM

Each item of equipment acquired with Federal funds awarded through the S.C. Department of Commerce (DOC) **must be reported on this form *if* the cost of such property is $5,000 or more per unit and the equipment has a useful life of one year or more. This form must be sent to the DOC with the Closeout Package.**

All information must be typed or completed in ink. The grant number and page number on the form must be completed for each page if there are two or more pages of equipment for a grant. Three lines of information are required for each item of equipment. Item numbers (17), (18) and (19) are to be **completed only when the equipment is sold or traded.**

(1) **Grant Number:** The Grant Number under which the equipment was purchased. Enter one grant number per page.

(2) **District Number:** Enter the District in which the grant was awarded.

(3) **County Number:** Enter the County in which grant was awarded

(4) **Grantee Name and Address:** Enter the Name and Address of grantee as it appears in Block 5 of the Grant Application.

(5) **Property Use:** Enter "used for grant purposes" unless used for other purposes, then state how used for other purposes.

(6) **DOC I.D. Number:** If the **grantee has an Inventory Control System approved by DOC,** use grantee I.D. number. **If Inventory System has not been approved by DOC,** leave this block blank and DOC will assign I.D. number. After the DOC assigns I.D. number, an inventory number and a copy of the Equipment Control Record Form will be sent to **grantee to affix the number to the equipment.**

(7) **Equipment Description:** Enter a brief, but complete, description of equipment purchased.

(8) **Equipment Serial Number:** Enter the equipment serial number. **If the equipment does not have a serial number,** enter model or stock number.

(9) **Purchase Date:** Enter the **month, date and year** the equipment was purchased.

(10) **Condition of Equipment:** Enter condition of the equipment **when purchased. If equipment is new** denote as such. **If equipment is used,** denote condition of equipment, in your judgement, as **excellent, good, fair or poor.**

(11) **Federal Funds:** Enter the amount Federal funds used for the original purchase of the equipment. The amount **should be the same as amount documented under Column 1 on page 2 of the Request For Payment/Cash Balance Report** but must not exceed the budgeted amount under **Column I of the Grant Application.**

(12) **Local Funds:** Enter the amount of Local funds used for the original purchase of the equipment. The amount should **be the same as amount documented under Column 2 on page 2 of the Request For Payment/Cash Balance Report** but must not exceed the budgeted amount under **Column 2 of the Grant Application.**

(13) **Total Unit Cost:** Enter the amounts in items (11) and (12) for **total unit cost of equipment.**

(14) **Vendor Name:** Enter the name of the vendor from whom the item of equipment was purchased.

(15) **Invoice Number:** Enter the invoice number under which the item of equipment was purchased. If no invoice number is shown or cannot be obtained, enter the date of the invoice.

(16) **Property Location:** If item of equipment is located at the **same address as that of grantee,** enter SAME AS GRANTEE. If equipment is **located at address which is not the same as grantee,** then enter where equipment is located.

(17) **Disposition Data:** *Make entry into this block only when equipment is sold or traded.* Enter SEE ATTACHED and include supporting documentation (signed statement that equipment was sold at auction noting date of action or statement with name and address if sold to individual or purchase invoice if equipment will be traded in for new equipment) with this Form.

(18) Date of Disposal: Enter actual date equipment was sold or traded.

(119) **Sales Price**: Enter actual sales price of equipment. If the equipment is sold outright, the awarding agency (DOC) has the right to an amount calculated by multiply the current market proceeds from the sale by the DOC's share of the equipment

(20) **Authorized Signature:** Must be signed by authorized official **on the Grant Application** *or* the approved signatures on **Authorized Signatures For Payments and Checks Form.**