

MICHIGAN DEPARTMENT OF HEALTH & HUMAN SERVICES  
BUREAU OF PURCHASING

**EQUIPMENT INVENTORY SCHEDULE**

Please list equipment items that were purchased during the grant agreement period as specified in the grant agreement budget's cost detail schedule - Attachment B.2. Provide as much information about each piece as possible, including quantity, item name, item specifications: *make, model*, etc. Equipment is defined to be an article of non-expendable tangible personal property having a useful life of more than one (1) year and an acquisition cost of \$5,000 or more per unit. Please complete and forward this form to the MDHHS contract manager with the final progress report.

Grantee Name: \_\_\_\_\_ Contract #: \_\_\_\_\_ Date: \_\_\_\_\_

Quantity	Item Name	Item Specification	Tag Number	Purchased Amount
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
<b>Total</b>				\$ 0

Grantee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_