

Reimbursement Form for Department-Managed ProtectSU Seismic Restraint Project

PURPOSE: USE THIS FORM TO REQUEST REIMBURSEMENT OF 75% OF THE COST TO RESTRAIN HIGH VALUE EQUIPMENT WHEN THE PROJECT IS MANAGED BY THE SCHOOL, DEPARTMENT OR LABORATORY.

The ProtectSU program will pay 75% of the cost to restrain high value equipment. Below is a summary of qualified equipment and details about reimbursement.

Qualified Equipment: Must be over \$20,000 at the time of purchase or uniquely invaluable to qualify for reimbursement

Exception: Equipment that is required to be restrained by the Fire Marshal's Office does not qualify for reimbursement. ProtectSU will not pay for the cost of any aesthetic changes equipment (such as changing the color).

Contact: Environmental Health & Safety at 723-0448 if there are questions about meeting these limits and requirements.

FOLLOW STEPS 1-4 BELOW FOR REIMBURSEMENT OF 75% OF THE COST TO RESTRAIN EQUIPMENT:

1

RESTRAIN EQUIPMENT: Refer to ProtectSU website (<http://protectsu.stanford.edu>) for guidance and references to local vendors and professionals. Manage the project, pay the vendor invoices in full and use this form to receive 75% reimbursement for eligible equipment.



2

COMPLETE ALL REQUIRED DOCUMENTATION: 1) Complete this form **-AND-** 2) Take pictures of the equipment before and after restraint for record keeping purposes. Send a digital photo file to <http://protectsu.list.stanford.edu>.



REIMBURSEMENT DATA					
Name:		Contact Info:		Department:	
PTA Account Number to Credit:		Date restrained:		Company used to restrain equipment (if any):	
EQUIPMENT REIMBURSEMENT WORKSHEET					
(Provide details below about the equipment being restrained not about the restraints)					
Equipment Sunflower ID #	Equipment Model/Description	Equipment Purchase Price <small>(refer to Sunflower data)</small>	Before Photo Number	After Photo Number	Cost of Restraint
1.					\$
2.					\$
3.					\$
4.					\$
5.					\$
6.					\$
7.					\$
8.					\$
Attach additional sheets, if needed.				Labor Cost (if any)	\$
				Total Cost →	\$
Amount To Be Reimbursed (=Total Cost x 75%) →					\$



3

SUMBIT TO EH&S: Submit 1) this form, 2) digital file of before and after photos, 3) a digital file of the vendor invoice (if a vendor was used) and 4) a digital file of the Purchase Order to protectsu@lists.stanford.edu or fax 650-723-3468.



4

ProtectSU and EH&S will credit your account for the reimbursement amount shown above.

I have read, understand and accept the terms, conditions and requirements of the ProtectSU Reimbursement Program.

Signature

Date