

Protect SU Reimbursement Form for New Equipment

PURPOSE: USE THIS FORM TO REQUEST REIMBURSEMENT OF 25% OF THE COST TO RESTRAIN NEW HIGH VALUE EQUIPMENT PURCHASED AFTER COMPLETION OF THE INITIAL PROTECTSU SEISMIC RESTRAINT PROJECT.

The ProtectSU program will pay 25% of the cost to restrain newly purchased, high value equipment moved into laboratories where existing equipment has already been restrained through ProtectSU. Below is a summary of qualified equipment and details about reimbursement.

Qualified Equipment: Purchase price must be over \$20,000 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.

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 25% 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. Pay the vendor invoice in full and use this form to receive 25% reimbursement for qualified equipment.

2 **COMPLETE ALL REQUIRED DOCUMENTATION:** 1) Complete this form -AND- 2) Take pictures of the equipment before and after restraining 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 25%) →					\$

3 **SUBMIT TO EH&S:** Submit 1) this form, 2) digital file of before and after photos, 3) a digital file of the invoice (if a vendor is 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