

Division for Rehabilitation Services (DRS)  
**Equipment Inventory List**

See the instructions for completing this form.

Grantee:	Grant Number:
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1. Description of Equipment (including Model Number)	2. Inventory Number	3. Serial Number	4. Data Acquired	5. Unit Cost	6. HHSC % Share	7. Current Location

The information presented above represent, to the best of my knowledge, an accurate assessment of the inventory of equipment purchased with grant funds.

Signature of Financial Administrative Authority:	Date:
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Signature of Board Member:	Date:
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**HHSC DRS Review**

RPSA Signature:	Date:
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