DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
NATIONAL INSTITUTES OF HEALTH

REPORT OF RENTAL EQUIPMENT AND SERVICES RECEIVED

THIS FORM SHOULD BE FORWARDED ON THE FIRST WORKING DAY OF EACH MONTH TO ADDRESS SHOWN BELOW. THE INFORMATION PERTAINS TO MAINTENANCE/RENTAL OF EQUIPMENT DURING SPECIFIED PERIOD OF TIME.

TYPE OF REPORT		METHOD OF PROCUREMENT
☐ MONTHLY EQUIPMENT RENTAL	☐ INTERIM REPORT	☐ CONTRACT
☐ MAINTENANCE AGREEMENT	☐ FINAL REPORT	☐ PURCHASE ORDER

RENTAL OR SERVICE HAS BEEN RECEIVED FOR THE FOLLOWING EQUIPMENT FOR THE PERIOD SPECIFIED BELOW

NAME OF COMPANY

REQUISITION NUMBER

PURCHASE ORDER NUMBER/CONTRACT NUMBER

CAN NUMBER

DESCRIPTION OF MACHINE (including model number)

LOCATION

SERIAL NUMBER

DATE OF SERVICE	FROM	TO

FOR COPY EQUIPMENT ONLY

PRICING PLAN

NUMBER OF COPIES (Billable Units USED)	METER BEGINING NUMBER	ENDING NUMBER	TOTAL USED

AUTHORIZED SIGNATURE

TITLE

COMMENTS

FORWARD COMPLETED FORM TO YOUR ICD DATA RECEIVING INPUT STATION

* U.S. GPO: 1985 - 496 - 203/49219