

**THE CALIFORNIA STATE UNIVERSITY
FINANCING AND RISK MANAGEMENT (FRM)**

CAMPUS: _____

DATE OF FORM: _____

TAX-EXEMPT EQUIPMENT FINANCING - SUMMARY FORM

Please complete and attach this form to the top of the Master Agreement Order package and indicate under the "status" column which documents are included and which are not required or applicable.

AMOUNT TO BE FINANCED: _____

ESTIMATED FUNDING DATE: _____

LENDER: _____

MASTER AGREEMENT NUMBER: _____

EQUIPMENT VENDOR: _____

NAME/TYPE OF EQUIPMENT: _____

CAMPUS ORDER NO. _____

PROCUREMENT OFFICE - CONTACT PERSON: _____

PHONE NUMBER: _____

BUSINESS OFFICE - CONTACT PERSON: _____

PHONE NUMBER: _____

DATE OF INITIAL NOTICE WITH LIST OF EQUIPMENT SENT TO FRM: _____

DOCUMENT	PROVIDED BY	COMPLETED/ SIGNED BY	STATUS
REQUEST FOR QUOTATION	Campus	Campus	
QUOTATION	Vendor	Vendor	
MASTER AGREEMENT ORDER AND BACKUP	Campus	Campus	
EQUIPMENT LISTING	Campus	Campus	
PAYMENT SCHEDULE	Vendor	Vendor	
OPINION OF COUNSEL	Campus	CSU CO - OGC/FRM	
ACCEPTANCE CERTIFICATE	Campus	Campus	
ASSIGNMENT ACKNOWLEDGMENT	Vendor	Campus	
IRS 8038G	Vendor	CSU CO - FRM	
UCC 1	Vendor	Campus	
SELF INSURANCE CERTIFICATION	Campus	Campus	
ESSENTIAL USE LETTER	Campus	Campus	

FRM FINAL REVIEW AND APPROVAL ON: _____

CONTACT PERSON: _____

PHONE NUMBER: _____