

	EQUIPMENT LOAN O	RIGINATION	I DOCUMENT	
1.	Name of Institution:			
2.	Contact name:			
3.	Contact email:			
	Date of Original Application		_	
4.	Repayment Term: (must comply with us	seful life rules	_years s)	
5.	Vendor Name			
6.	Invoice Amount:	\$		
	Loan Amount, if different	\$		
	Date Invoice Paid:		_	
Amount r	INSTITUTION ACC requested will be sent to the account			
KFS Acc	ount Information			
Chart	Account		Object Code	
R*STAR	 S Account Information	or		
Agency	PCA	Object	T/C	
By signin	g below, I agree to the terms of the	e loan outline	ed above.	
Date:				
		(Signature)	
		Name: Institution		
		Title:		
	For USM C	Office Use Or	nly	
	d Amount:	_	Repayment Term	
Amount o	due October and April 1, annually		\$	
Approved	d	_	Date	