NORTH CAROLINA STATE UNIVERSITY
Office of Contracts and Grants
Service Center Use Rate Calculation Form - Equipment ($5,000 & Over)

SERVICE CENTER NAME: _____ **Account No. 3-** _____ *Item No. 2-1*

Item No. 2-2	*Item No. 2-3*	*Item No. 2-4*	*Item No. 2-5*	*Item No. 2-6*	*Item No. 2-7*	*Item No. 2-8*	*Item No. 2-9*
Description of Equipment *(Include location if different than Item 1-3)*	**CAMS Identification Number**	**Date of Purchase** *(mm/yy)*	**Net Cost** *(cost less fed. funds)*	**Other Adjustments**	**Adjusted Cost** *(Net cost- Oth. Adj.)*	**Estimated Useful Life** *(No. of years)*	**Annual Depreciation** *(Adj Cost/Useful Life)*
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TOTAL ANNUAL EQUIPMENT DEPRECIATION (less federally funded)						*Item No. 2-10*	$

Rev. Jan 2009

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