



# NTRAC TSA-C EQUIPMENT REQUEST

\_\_\_\_\_, \_\_\_\_\_ a NTRAC  
Date Name of Organization

member organization is requesting: \_\_\_\_\_  
Item/items requested

\_\_\_\_\_  
Brand/make & model Number of Items Price

By signing below, your organization agrees to the following:

1. The requesting member organization agrees to use the equipment correctly, for its intended purpose, and to maintain the equipment in working order, and in accordance with the manufacturer's guidelines.
2. Equipment purchased with NTRAC funds must be returned to the NTRAC, should the receiving organization cease to meet eligibility requirements established in NTRAC by-laws and support the goals and objective of NTRAC.
3. By January 31<sup>st</sup> of each year, the receiving organization agrees to submit an inventory list to the NTRAC Executive Committee. The list will include the (NTRAC purchased) equipment on hand and its condition.
4. Should the health care provider cease to function as a health care provider, the equipment will be returned to NTRAC within 30 days of the last day of business operations.
5. Request for equipment over \$500 may require matching funds by the requesting entity subject to NTRAC funds available.
6. All requests for equipment will be presented to the finance committee before approval.
7. Requesting organization must be in good standing in NTRAC as stipulated in current by-laws to be considered for award.

Attach all price quotes, minimum 2

Submit to: Roger Ritchie, NTRAC Coordinator  
Fax: 940 720-5012; e-mail roger.ritchie@cwftx.net  
P.O. Box 3706  
Wichita Falls, TX. 76301

\_\_\_\_\_  
Authorized signature of requesting organization

\_\_\_\_\_  
Chair, NTRAC Executive Committee

\_\_\_\_\_  
Name of NTRAC organization

\_\_\_\_\_  
Date