DEPARTMENT OF REHABILITATION

GRANT/CONTRACT EQUIPMENT IDENTIFICATION

DR 328 (New 01/94) Computer Generated

Please type or print				Date		Page	of	Pages
Subgrantee/Contractee				Agreement Number 1		Туре		
J								
Street Address			Physical Location of Equipment, if Different					
City	State	Zip Code	City		;	State	Ziį	o Code
A DR337 Line Item #	B Complete Description (Must Include Serial #)			C Cost Per Unit		D ar Code mber		E Decal ımbered
Signature of Person Completing Form			Phone Number (Include Area Code)					
DISTRIBUTION: 1st Conv. Business Services			2nd Cony Cront/Contract File					