

LIST OF EQUIPMENT
(As listed in the respective TR)

Program:

Name of Institution/Company:

[illegible]

Note: Columns 1-4 to be filled out by Institution/Company; Columns 5-6 to be filled out by PO/Expert
Continue in additional sheet

Submitted by: TVI/Company Representative Date:	Attested by: TVI/Company Head Date:
Inspected by: PO UTPRAS Focal Person Date:	
Expert Date:	