

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

<i>Item No 2-2</i> Description of Equipment <small>(include location if different than Item 1 3)</small>	<i>Item No 2-3</i> CAMS Identification Number	<i>Item No 2-4</i> Date of Purchase mm/yy)		<i>Item No 2-5</i> Net Cost <small>(cost less fed funds)</small>		<i>Item No 2-6</i> Use Allowance Previously Claimed		<i>Item No 2-7</i> Adjusted Cost <small>(Net cost Use Allow)</small>	<i>Item No 2-8</i> Estimated Useful Life <small>(No of years)</small>		<i>Item No 2-9</i> Annual Depreciation <small>(Adj Cost/Useful Life)</small>
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