STATE AGENCY SCHEDULE OF EQUIPMENT PURCHASED FOR SSA DISABILITY PROGRAM (See instructions for completing form on reverse)

Name or Agency:	(5)	ee instruction	State				Fiscal Year
			Reporting 1	Period			
			Number	r of units			Trade-in
	Туре	Date			Unit	Gross	Value, If
Description of Equipment	of	of	Addi-	Replace-	Cost	Cost	Replace-
	Approval	Approval	tional	ment	(D		ment Item
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
1. New EDP Equipment/Upgrades							
						\$0.00	
						\$0.00	
						\$0.00	
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2. Equipment							
2. Equipment						\$0.00	
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Total net cost of above equipment

I certify that the equipment listed above is necessary for the administration of the SSA Disability Program.

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Net
Cost
(i)
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