**EQUIPMENT FLOATER**

E-mail to: rfinsurance@rfsuny.org
or FAX to: 518-935-6712

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**Date Received for Coverage:**

<table>
<thead>
<tr>
<th>Location Code:</th>
<th>Project:</th>
<th>Task:</th>
<th>Award:</th>
</tr>
</thead>
</table>

**Expenditure Type:**

- GNS Insurance Equipment*

**Organization:**

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**Alternate Account (if necessary):**

<table>
<thead>
<tr>
<th>Project:</th>
<th>Task:</th>
<th>Award:</th>
</tr>
</thead>
</table>

**Expenditure Type:**

- GNS Insurance Equipment*

**Organization:**

---

**Project Manager:**

**Equipment Type:**

**Brand Name:**

**Description:**

**Model Number:**

**Serial Number:**

**Decal Number:**

**Value:**

**P.O. Number:**

**Location:**

**Insurance Start Date:**

**Insurance End Date:**

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**Your Name and Phone Number:**

**Notes:**

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*The Expenditure Type can be changed if necessary.*