



5. Buyer will be responsible, and make full restitution, for any damage caused to the University property during removal of equipment from the University premises.
6. Buyer shall indemnify and hold the Seller harmless from and against any injury, loss, damage, claim or liability therefore arising from any omission, default or neglect of the Buyer, the Buyer's agents or employees in connection with the equipment removal.
7. Seller will provide the Buyer with reasonable access to the equipment to allow for the removal during normal business hours by arrangement with the contact person listed herein.
8. If Buyer fails to pay for and remove equipment from the University premises within the period listed, the Buyer will become ineligible to bid on University Surplus Equipment for a period of **twenty-four (24) months** from the original bid date.

**Date:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Buyer Name:** \_\_\_\_\_

**Seller: University of Massachusetts Amherst**

**Address:** \_\_\_\_\_

**By: John O. Martin; Director of Procurement**

\_\_\_\_\_  
 \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**The Buyer must contact the University staff member listed below to set up an agreed upon date and time for the **pickup/removal** of the equipment listed on this Bill of Sale.**

**Important Note: Bring this Bill of Sale with you at the time **of pickup/removal** of the equipment.**

PERSON'S NAME	DEPARTMENT	PHONE NUMBER	E-MAIL ADDRESS
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**THIS SPACE FOR USE BY PROCUREMENT DEPARTMENT ONLY**

**RFB#** \_\_\_\_\_ **DESCRIPTION:** \_\_\_\_\_

**AMOUNT OF PAYMENT RECEIVED:** \_\_\_\_\_ **METHOD:** \_\_\_\_\_

**RECEIVED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**DEPOSIT INFORMATION:**

**SPEED TYPE:** \_\_\_\_\_ **ACCOUNT CODE:** \_\_\_\_\_ **FUND:** \_\_\_\_\_ **DEPT ID:** \_\_\_\_\_

**DEPOSITED BY:** \_\_\_\_\_

**OTHER COMMENTS:** \_\_\_\_\_

\_\_\_\_\_