

FABRICATED EQUIPMENT FORM

When a fabricated equipment project begins, complete the top half of this form and send a copy of the entire form to the University inventory contact person. Please use a separate form for each project. Call _____ with any questions you may have.

FABRICATED ITEM DESCRIPTION: _____

PROJECT DIRECTOR: _____

CAMPUS: _____

DEPARTMENT: _____

PROJECT BEGIN DATE: _____

PROJECT END DATE (Estimated): _____

CONTACT PERSON: _____

PHONE: _____

When a fabricated equipment project has been completed, fill out this portion of the form and return the entire form to the University inventory contact person.

DATE	CHARTFIELD COMBINATION	COMPONENT	PURCHASE ORDER #	AMOUNT
(Additional sheets may be attached if necessary)			TOTAL COST	

LOCATION OF FABRICATED ITEM: _____
Building and Room Number

COMPLETION DATE: _____

DEPARTMENT HEAD: _____

SIGNATURE OF DEPT. HEAD: _____