**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.

<table>
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<th>DATE</th>
<th>CHARTFIELD COMBINATION</th>
<th>COMPONENT</th>
<th>PURCHASE ORDER #</th>
<th>AMOUNT</th>
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(Additional sheets may be attached if necessary)

**LOCATION OF FABRICATED ITEM:**

Building and Room Number

**COMPLETION DATE:**

**DEPARTMENT HEAD:**

**SIGNATURE OF DEPT. HEAD:**