EXHIBIT A

REQUEST FOR ISSUANCE OF FABRICATION NUMBER *

To: Equipment Management, Q-025

Administrative Contact ___________________________ Ext. _____

Department ___________________________ Budget No. ________

Account Name ___________________________ Account/Fund ________

Location: Bldg. ________ Room ________ Mail Code ________

Estimated Value ___________________________ Estimated Completion Date ________, 19_____

Upon completion of the fabrication, title will vest initially with:

University - taxable

OR

Government - non-taxable

Quantity/Description/Function

Quantity:

Description:


Function:


Prepared by ___________ Date ___________

Principal Investigator ___________________________ Departmental Authorization ___________________________

Equipment Management Approval ___________________________ Date ___________

Distribution - Original: ___________________________ Equipment Management ___________________________

Approved Copy: ___________________________ Originating Department ___________________________

*This form is not to be used for equipment to be built under "Contract for Services" administered by the Campus Business Office.