

FAB NO. \_\_\_\_\_

**REQUEST FOR ISSUANCE OF FABRICATION NUMBER\***

To: Equipment Management, Q-026

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  
Approval 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.