EXHIBIT A

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

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.