



MTU FABRICATED EQUIPMENT FORM

Accounting Use Only

TAG# _____

Notes: _____

DEPARTMENT: _____

NAME OF PI: _____

NAME OF REQUESTOR: _____

SPONSOR OF PROJECT _____

INDEX # _____

(Acct #)

TELEPHONE NUMBER: _____

DATE _____

PLEASE PROVIDE A DETAILED EXPLANATION OF THE FABRICATED EQUIPMENT:

Title of completed equipment: _____

Estimated cost of the equipment: _____ Estimated equipment completion date: _____

Initial location of equipment: Building: _____ Room: _____

REQUIRED: Attach a design or drawing(s) and a list of components required for the fabrication.

SIGNATURE OF AUTHORIZED DEPARTMENT PERSONNEL

DATE

SIGNATURE OF MTU PROPERTY OFFICE

DATE

