



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 completion date equipment: _____

Initial location of equipment: Building: _____ Rm: _____

SIGNATURE OF AUTHORIZED DEPARTMENT PERSONNEL

DATE

SIGNATURE OF MTU PROPERTY OFFICE

DATE

