

Utah State University  
Equipment Inventory Office  
NOTICE OF INTENT TO FABRICATE EQUIPMENT

DEPARTMENT NAME		UMC	TELEPHONE NO.
NAME (PRINT)	TITLE	SIGNATURE	DATE

Principle Investigator: \_\_\_\_\_

Project Sponsor (funding agency): \_\_\_\_\_

Contract or Grant Number: \_\_\_\_\_

Expected Project Completion Date: \_\_\_\_\_

Estimated Project Cost \_\_\_\_\_

Location (Building and Room) Where Asset Will be Located: \_\_\_\_\_

Description of Asset:

Previous Asset Number (if applicable): \_\_\_\_\_

\_\_\_\_\_  
EQUIPMENT MANAGER SIGNATURE

\_\_\_\_\_  
DATE

Equipment Management Services  
Phone 797-1999, Fax 797-1077  
UMC 2400