

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