

Fabricated Equipment Form

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| --- | --- |
| Date:   | Department:  |
| Principal Investigator/Financial Manager Name:  | Email:  | Phone Extension:  |
| Fabrication Name:  | Fabrication Location – Bldg. & Room:  | Estimated Total Cost:  | Estimated Date of Completion:  |
| Function of Fabrication:  | Tag #’s of Previously Inventoried Equip. to be Included in Fabrication:  |

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| INDEX |  | Tag Number (Assigned by Controller’s Office) |
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| Description of Parts Ordered on Each Invoice/One Card | Vendor | Invoice #/One Card | Transaction Date | Total Paid |
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|   |   |   | **Total** | **$ 0.00** |
| Description of Parts Ordered on Each Invoice/One Card | Vendor | Invoice #/One Card | Transaction Date | Total Paid |
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