

**Sponsor Owned**

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 | Invoice #/One Card | Transaction  Date | Total  Paid |
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|  |  | **Total** | **$ 0.00** |
| Description | Invoice #/One Card | Transaction  Date | Total  Paid |
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