

FAB NO. _____

(FlexField1 for Non-C&G project; Fabrication Project Number for C&G project)

EQUIPMENT INVENTORY MODIFICATION REQUEST

Instructions: Complete this form, sign and submit it to Equipment Management.

Department:	Inventorial Custodial Code:
Contact:	Phone:

Type of Transaction: Fabrication

Remarks

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Equipment Identification

Property #	Description	Acquisition Value

Department Fabrication (fill in the following as well as the Equipment Identification above for any inventorial components)

Labor Costs \$:	Materials & Supplies \$:
Equipment Components \$:	TOTAL Cost of Fabrication:
Department Account & Fabrication Number (FlexField1 for Non-C&G project; Fabrication Project Number for C&G project):	

Transfer (fill in the following, Equipment Identification above, and include approvals from both departments)

Custodial Department Name	Campus	Inventorial Custodial Code
From:		
To:		

Approvals

For Department(s)		Equipment Management	
Name	Date	Name	Date
Name	Date	Name	Date