

DATE: _____

FAB NO. _____

(Award # for C&G/ FlexField1 for non-C&G project)

FABRICATION REQUEST

TO: EQUIPMENT MANAGEMENT

Administrative Contact: _____ Ext _____

Department: _____

Funding Agency: _____ Fund No: _____

Location: Building: _____ Room: _____

Estimated Value: _____ Estimated Completion Date: _____, 2__

Upon completion of the fabrication, title will vest with:

- University – taxable
- Government – non-taxable

Quantity / Description / Function

Quantity: _____

Description: _____

Function: _____

Department Responsibilities:

- The "FAB NO." above will be: 1) the Project Number for equipment fabrications funded by a Sponsored (C&G) award; or 2) a Flex Field 1 value for equipment fabrications funded by a non-Sponsored (C&G) fund source. If an equipment fabrication is using both types of fund sources, please reference both the Project number and Flex Field 1 above.
- Classifying all expenditures made in support of this fabrication to account 560220Equipment Fabricated.
- Referencing the Fabrication Project Number (for C&G fabrication)/ FlexField1 (for non C&G fabrication) on all orders, invoices, cost transfers and any other document used to order or pay for goods and services acquired in the fabrication construction.
- Promptly report back to Equipment Management at the time the fabrication is deemed to be a functional working piece of equipment.
- Initiating a cost transfer in the event the fabrication does not result in a functional working piece of equipment to transfer all costs incurred in the fabrication process from 560220 to an appropriate General Supplies & Expenses category.

- Determining whether the fabrication is a functional working piece of equipment prior to the end date of the contract or grant award.
- Having general knowledge of the fabrication accounting process as outlined in Section P415-32, Plant Accounting: Fabricated Property, UC Accounting Manual, <https://policy.ucop.edu/doc/3410288/am-P415-32>.

Prepared by: _____ Date: _____, 2_____

Principal Investigator

Department Authorization

Equipment Management Approval

_____, 2_____
Date