

FAB NO. \_\_\_\_\_  
CAMS N.I. NO. \_\_\_\_\_

### FABRICATION REQUEST

Please complete all the information below and attach additional documentation as necessary. Please have the PI print and sign this request.

To: Equipment Management 0953 or send signed copy via email to eqm@ucsd.edu

Administration Contact / Fund Manager \_\_\_\_\_ Ext \_\_\_\_\_

Department \_\_\_\_\_ Custody Code \_\_\_\_\_

Funding Agency \_\_\_\_\_ Award No. \_\_\_\_\_

Index No. \_\_\_\_\_ Fund No. \_\_\_\_\_ Org No. \_\_\_\_\_ Account Code. \_\_\_\_\_

Location: Bldg. \_\_\_\_\_, Room \_\_\_\_\_, Mail Code \_\_\_\_\_

Estimated Value. \_\_\_\_\_, Estimated Completion Date \_\_\_\_\_, 2 \_\_\_\_\_

Upon Completion of the fabrication title will vest initially with:

- University                       Government

Quantity / Description / Function

Quantity: \_\_\_\_\_.

Description: \_\_\_\_\_.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Function: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Prepared by: \_\_\_\_\_ Date \_\_\_\_\_, 2 \_\_\_\_\_

Principal Investigator (Print Name)

PI/Department Authorization Signature

Equipment Management Approval: \_\_\_\_\_ Date \_\_\_\_\_, 2 \_\_\_\_\_